Southern DHB Board Meeting

Board Room, Level 2, Main Block,
Wakari Hospital Campus, 371 Taieri Road, Dunedin

02/02/2021 09:30 AM - 12:30 PM

APOLOGIES

The following apologies have been received:

- Lesley Soper, Board Member - for an early departure (3 pm)
- Jane Wilson, Chief Nursing and Midwifery Officer - for lateness, due to another commitment

FOR INFORMATION

Item: Interests Registers

Proposed by: Jeanette Kloosterman, Board Secretary

Meeting of: Board, 2 February 2021

Recommendation

That the Board receive and note the Interests Registers.

Purpose

To disclose and manage interests as per statutory requirements and good practice.

Changes to Interests Registers over the last month:

- Terry King – Nga Kete Matauranga Pounamu Trust Board member

Background

Board, Committee and Executive Team members are required to declare any potential conflicts (pecuniary or non-pecuniary) and agree how these will be managed. A member who makes a disclosure must not take part in any decision relating to their declared interest.

Interest declarations, and how they are to be managed, are required to be recorded in the minutes and separate interests register (s36, Schedule 3, NZ Public Health and Disability Act 2000).

Appendice

- Board and Executive Leadership Team Interests Registers.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Pete Hodgson (Board Chair)	22.12.2020	Trustee, Koputai Lodge Trust (unpaid)	Mental Health Provider	
	22.12.2020	Chair, Callaghan Innovation Board (paid)		
	22.12.2020	Chair, Local Advisory Group, New Dunedin Hospital		
	22.12.2020	Member, Steering Group, New Dunedin Hospital		
	22.12.2020	Board Member, Otago Innovation Ltd		
David Perez (Deputy Board Chair)	13.05.2019	Director, Mercy Hospital, Dunedin	SDHB holds contracts with Mercy Hospital.	Step aside from decision making.
	13.05.2019	Fellow, Royal Australasian College of Physicians		
	13.05.2019	Trustee for several private trusts		
Ilka Beekhuis	09.12.2019	Patient Advisor, Primary Birthing FiT Group for Dunedin Hospital Rebuild		
	09.12.2019	Member, Otago Property Investors Association		
	09.12.2019	~~Secretary~~, Member, Spokes Dunedin (cycling advocacy group)		Updated 22.10.2020
	15.01.2019	Paid member, Green Party		
	15.01.2019	Former employee of University of Otago (April 2012-February 2020)		
	07.07.2020	Trustee, HealthCare Otago Charitable Trust		
	12.09.2020	Co-Director, OffTrack MTB Ltd	No conflict (Husband's bike tourism company).	
John Chambers	09.12.2019	Employed as an Emergency Medicine Specialist, Dunedin Hospital		
	09.12.2019	Employed as Honorary Senior Clinical Lecturer, Dunedin School of Medicine	Possible conflicts between SDHB and University interests.	
	09.12.2019	Elected Vice President, Otago Branch, Association of Salaried Medical Specialists	Union (ASMS) role involves representing members (salaried senior doctors and dentists employed in the Otago region including by SDHB) on matters	
	09.12.2019	Wife is employed as Co-ordinator, National Immunisation Register for Southern DHB		
	09.12.2019	Daughter is employed as MRT, Dunedin Hospital		
Kaye Crowther	09.12.2019	Life Member, Plunket Trust	Nil	
	09.12.2019	Trustee, No 10 Youth One Stop Shop	Possible conflict with funding requests.	
	09.12.2019	Employee, Findex NZ		
	14.01.2020	Trustee, Director/Secretary, Rotary Club of Invercargill South and Charitable Trust		
	14.01.2020	Member, National Council of Women, Southland Branch		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	07.10.2020	Trustee, Southern Health Welfare Trust	Trust for Southland employees - owns holiday homes and makes educational grants.	
Lyndell Kelly	09.12.2019	Employed as Specialist, Radiation Oncology, Southern DHB	Involved in Oncology job size and service size exercise and may be involved in employment contract negotiations with Southern DHB.	
	18.01.2020	Honorary Senior Lecturer, Otago University School of Medicine		
	18.01.2020	Daughter is Medical Student at Dunedin Hospital		
Terry King	28.01.2020	Member, Grey Power Southland Association Inc Executive Committee		
	28.01.2020	Life Member, Grey Power NZ Federation Inc		
	28.01.2020	Member, Southland Iwi Community Panel	ICP is a community-led alternative to court for low-level offenders. The service is provided by Nga Kete Matauranga Pounamu Charitable Trust in partnership with police, local iwi and the wider community.	
	14.02.2020	Receive personal treatment from SDHB clinicians and allied health.		
	03.04.2020	Client, Royal District Nursing Service NZ Ltd		
	12.01.2021	Nga Kete Matauranga Pounamu Trust Board Member		
Jean O'Callaghan	~~13.05.2019~~	~~Employee of Geneva Health~~	~~Provides care in the community; supports one long term client but has no financial or management input.~~	Resigned, effective August 2020
	13.05.2019	St John Volunteer, Lakes District Hospital	No involvement in any decision making.	~~Taking six months' leave.~~ Recommencing 22.08.2020.
Tuari Potiki	09.12.2019	Employee, Otago University		
	09.12.2019	~~Chair, NZ Drug Foundation~~	(Chair role ended 04.12.2020)	
	09.12.2019	Chair, Te Rūnaka Otākou Ltd* (also A3 Kaitiaki Limited which is listed as 100% owned by Te Rūnaka Ōtākou Ltd)	Nil does not contract in health.	Updated to include A3 Kaitiaki Limited on 19 October 2020.
	09.12.2019	Member, Independent Whānau Ora Reference Group		
	~~08.09.2020~~	~~Member, District Licensing Committee, Dunedin City Council (1 September 2020 to 31 May 2023)~~		Resigned 06.11.2020
	09.12.2019	*Shareholder in Te Kaika		
Lesley Soper	09.12.2019	Elected Member, Invercargill City Council		
	09.12.2019	Board Member, Southland Warm Homes Trust		
	09.12.2019	Employee, Southland ACC Advocacy Trust		
	16.01.2020	Chair, Breathing Space Southland (Emergency Housing)		
	16.01.2020	Trust Secretary/Treasurer, Omaui Tracks Trust		
	19.03.2020	Niece, Civil Engineer, Holmes Consulting	Holmes Consulting may do some work on new Dunedin Hospital.	
	21.07.2020	Trustee, Food Rescue Trust		
	21.07.2020	Shareholder 1%, Piermont Holdings ltd	Coporate Body for apartment, Wellington	
Moana Theodore	15.01.2019	Employee, University of Otago		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	15.01.2019	Co-director, National Centre for Lifecourse Research, University of Otago		
	15.01.2019	Member, Royal Society Te Apārangi Council		
	15.01.2019	~~Sister-in-law, Employee of SDHB (Clinical Nurse Specialist Acute Mental Health)~~	Removed 07/09/2020	
	15.01.2019	Shareholder, RST Ventures Limited		
	27.04.2020	Nephew, Casual Mental Health Assistant, Southern DHB (Wakari)		
	17.08.2020	Health Research Council Fellow		
Andrew Connolly (Crown Monitor)	21.01.2020	Employee, Counties Manukau DHB		
	21.01.2020	Deputy Commissioner, Waikato DHB		
	21.01.2020	~~Southern Partnership Group~~	(Role ended December 2020)	
	21.01.2020	Health Quality and Safety Commission		
	21.01.2020	Health Workforce Advisory Board		
	21.01.2020	Fellow Royal Australasian College of Surgeons		
	21.01.2020	Member, NZ Association of General Surgeons		
	21.01.2020	Member, ASMS		
	05.05.2020	Member, Ministry of Health's Planned Care Advisory Group	Will be monitoring planned care recovery programmes.	
	06.05.2020	Nephew is married to a Paediatric Medicine Registrar employed by Southern DHB		
Roger Jarrold (Crown Monitor)	16.01.2020	CFO, Fletcher Construction Company Limited	Have had interaction with CEO of Warren and Mahoney, head designers for ICU upgrade.	
	16.01.2020	Member, Audit and Risk Committee, Health Research Council		
	16.01.2020	Trustee, Auckland District Health Board A+ Charitable Trust		
	16.01.2020	Former Member of Ministry of Health Audit Committee and Capital & Coast District Health Board		
	23.01.2020	Nephew - Partner, Deloitte, Christchurch		
	16.08.2020	Son - Auditor, PwC, Auckland	PwC periodically undertake work for SDHB, eg valuations	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Management of staff conflicts of interest is covered by SDHB's Conflict of Interest Policy and Guidelines.

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Hamish BROWN	22.09.2020	Nil	
Kaye CHEETHAM	~~08.07.2019~~	~~Ministry of Health Appointed Member of the Occupational Therapy Board~~	(05/08/2020 - Stood down from the Occupational Therapy Board)
Mike COLLINS	15.09.2016	Wife, NICU Nurse	
	01.07.2019	Capable NZ Assessor	Asked from time to time to assess students, bachelor and masters students final presentation for Capable NZ.
	21.05.2020	Director, New Zealand Institute of Skills and Technology	
	20.11.2020	Chair, South Island CIOs	
Matapura ELLISON	12.02.2018	Director, Otākou Health Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12.02.2018	Director Otākou Healther Services Ltd	
	12.02.2018	Deputy Kaiwhakahaere, Te Rūnanga o Ngai Tahu	Nil
	12.02.2018	Chairperson, Kati Huirapa Rūnaka ki Puketeraki (Note: Kāti Huirapa Rūnaka ki Puketeraki Inc owns Pūketeraki Ltd - 100% share).	Nil
	12.02.2018	Trustee, Araiteuru Kokiri Trust	Nil
	12.02.2018	National Māori Equity Group (National Screening Unit)	
	12.02.2018	SDHB Child and Youth Health Service Level Alliance Team	
	12.02.2018	Otago Museum Māori Advisory Committee	Nil
	12.02.2018	Trustee, Section 20, BLK 12 Church & Hall Trust	Nil
	12.02.2018	Trustee, Waikouaiti Maori Foreshore Reserve Trust	Nil
	29.05.2018	Director & Shareholder (jointly held) - Arai Te Uru Whare Hauora Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
Chris FLEMING	25.09.2016	Lead Chief Executive for Health of Older People, both nationally and for the South Island	
	25.09.2016	Chair, South Island Alliance Leadership Team	
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	
	~~25.09.2016~~	~~Deputy Chair, InterRAI NZ~~	Removed 23.09.2020
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil
	26.10.2017	Nephew, Tax Advisor, Treasury	
	18.12.2017	Ex-officio Member, Southern Partnership Group	
	30.01.2018	CostPro (costing tool)	Developer is a personal friend.
	30.01.2018	Francis Group	Sister is a consultant with the Francis Group.
	20.02.2020	Member, Otago Aero Club	Shares space with rescue helicopter.
	23.09.2020	Arvida Group (aged residential care provider)	Sister works for Arvida Group (North Island only)
Lisa GESTRO	06.06.2018	Lead GM National Travel and Accommodation Programme	This group works on behalf of all DHBs nationally and may not align with SDHB on occasions.
	04.04.2019	NASO Governance Group Member	This group works on behalf of all DHBs nationally and may not align with SDHB on occasions.
	04.04.2019	Lead GM Perinatal Pathology	This group works on behalf of all DHBs nationally and may not align with SDHB on occasions.
Nigel MILLAR	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.
	29.05.2018	Council Member of Otago Medical Research Foundation Incorporated	
	12.12.2019	Daughter employed by Harrison-Grierson	A NZ construction and civil engineering consultancy - may be involved in tenders for DHB or new Dunedin Hospital rebuild work

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Nicola MUTCH		Chair, Dunedin Fringe Trust	Nil
	02.04.2019	Husband - Registrar and Secretary to the Council, Vice-Chancellor's Advisory Group, University of Otago	Possible conflict relating to matters of policies, partnership or governance with the University of Otago.
Patrick NG	17.11.2017	Member, SI IS SLA	Nil
	~~17.11.2017~~	~~Wife works for key technology supplier CCL~~	~~Nil~~
	18.12.2017	Daughter, medical student at Auckland University.	
	23.07.2020	Wife, Chief Data Architect, Inde Technology	
Julie RICKMAN	31.10.2017	Director, JER Limited	Nil, own consulting company
	31.10.2017	Director, Joyce & Mervyn Leach Trust Trustee Company Limited	Nil, Trustee
	31.10.2017	Trustee, The Julie Rickman Trust	Nil, own trust
	31.10.2017	Trustee, M R & S L Burnell Trust	Nil, sister's family trust
	23.10.2018	Shareholder and Director, Barr Burgess & Stewart Limited	Accounting services
	04.08.2020	Shareholder and Director, Inversionne Limited	Nil, clothing wholesaler.
		Specified contractor for JER Limited in respect of:	
	31.10.2017	H G Leach Company Limited to termination	Nil, Quarry and Contracting.
	21.10.2019	Member, Chartered Accountants Advisory Group	
Gilbert TAURUA	05.12.2018	Prostate Cancer Outcomes Registry (New Zealand) - Steering Committee	Nil
	05.04.2019	South Island HepC Steering Group	Nil
	03.05.2019	Member of WellSouth's Senior Management Team	Reports to Chief Executives of SDHB and WellSouth.
	21.12.2020	Te Whare Tukutuku	Te Whare Tukutuku is sponsored by the NZ Drug Foundation and Te Rau Ora. Programme is designed to increase education and awareness on Maori illicit drug use to primary care and in Maori communities funded by MoH Workforce NZ.
Gail THOMSON	19.10.2018	Member Chartered Management Institute UK	Nil
	22.11.2019	Deputy Chair Otago Civil Defence Emergency Management Group, Coordinating Executive Group	
Jane WILSON	16.08.2017	Member of New Zealand Nurses Organisation (NZNO)	No perceived conflict. Member for the purposes of indemnity cover.
	16.08.2017	Member of College of Nurses Aotearoa (NZ) Inc.	Professional membership.
	16.08.2017	Husband - Consultant Radiologist employed fulltime by Southern DHB and currently Clinical Leader Radiology, Otago site.	Possible conflict with any negotiations regarding new or existing radiology service contracts. Possible conflict between Southern DHB and SMO employment issues.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	16.08.2017	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil
Greer HARPER	24.08.2020	Paul Harper (father) is the current Chair of HealthSource NZ which is owned by the four northern DHBs.	

Minutes of the Southern District Health Board Meeting

Tuesday, 8 December 2020, 9.30 am
Board Room, Wakari Hospital Campus, Dunedin

Present:	Dr David Perez	Acting Chair
	Ms Ilka Beekhuis	
	Dr John Chambers	
	Mrs Kaye Crowther	
	Dr Lyndell Kelly	
	Mr Terry King	
	Mrs Jean O'Callaghan	
	Mr Tuari Potiki	
	Miss Lesley Soper	*(until 12.40 pm)*
	Dr Moana Theodore	
In Attendance:	Mr Andrew Connolly	Crown Monitor
	Mr Roger Jarrold	Crown Monitor
	Mr Chris Fleming	Chief Executive Officer
	Ms Kaye Cheetham	Chief Allied Health, Scientific and Technical Officer
	Mrs Lisa Gestro	Executive Director Strategy, Primary and Community
	Dr Nigel Millar	Chief Medical Officer
	Dr Nicola Mutch	Executive Director Communications
	Mr Patrick Ng	Executive Director Specialist Services
	Ms Julie Rickman	Executive Director Finance, Procurement and Facilities
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer
	Mrs Jane Wilson	Chief Nursing and Midwifery Officer
	Ms Jeanette Kloosterman	Board Secretary

1.0 WELCOME

The Acting Chair welcomed everyone, and the meeting was opened with a karakia by the Chief Māori Health Strategy and Improvement Officer.

Following an issue with the Zoom connection to the Southland Board Room, the Board requested that the audio quality on the Invercargill and Dunedin sites be reviewed.

2.0 APOLOGIES

Apologies for early departures were received from Miss Soper and the Chief Māori Health Strategy and Improvement Officer.

3.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 2).

The Acting Chair asked that any changes to the registers be sent to the Board Secretary and reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

4.0 PREVIOUS MINUTES

It was resolved:

"That the minutes of the Board meeting held on 3 November 2020 be approved and adopted as a true and correct record."

D Perez/M Theodore

5.0 ACTION SHEET

The Board reviewed the Action Sheet (tab 5).

Urology

The CEO informed the Board that he had received a presentation from the Urology Service and was impressed by the improvements they had made. It was agreed that the Service be invited to present to the Board early in the New Year.

Dialysis Unit, Southland

The CEO reported that:

- He had received the business case for the dialysis unit in Southland and the capital cost was within his delegated authority to approve. It was expected the unit would be operational during the first quarter of 2021.
- The Nephrologists had requested a meeting with him, as they were keen to ensure that the home dialysis service was not diminished.

Southland MRI

The Executive Director Specialist Services (EDSS) reported that a presentation on the future direction of radiology services would be made to the Hospital Advisory Committee in December 2020.

Service Planning

The CEO advised that identification of any gaps would be a natural part of the planning process.

Home and Community Support Services (HCSS)

A report on the monitoring of the HCSS contract (tab 5.1) was received and the Executive Director Strategy, Primary and Community responded to questions on the audit process.

6.0 ADVISORY COMMITTEE REPORTS

Finance, Audit and Risk Committee

Mrs O'Callaghan, Deputy Chair of the Finance, Audit and Risk (FAR) Committee, gave a verbal report on the FAR Committee meeting held on 19 November 2020, during which she highlighted the following items.

- The Committee discussed the Long Term Investment Plan and asset management, and agreed that this could be removed as an action and put on the Committee's work plan.

- Expired contracts over $500k will be reported to the Committee from December 2021.
- The external auditor reported on completion of the audit opinion for 2021 and advised that no new significant control issues had been identified.
- The Committee reviewed the Strategic Risk Register, noting reports of increasing staff stress and fatigue, and the impact on patient care.
- Leave management guidelines were discussed and training supported to ensure this area is managed.
- The Committee reviewed the quality and clinical risk reports.
- The Health, Safety and Welfare Report was presented, and IT were asked to give priority to implementing a risk management software solution to manage hazards.
- The consolidated financial summary for October 2020 was reviewed, and reports on internal audit, IT, and capital projects received.

It was resolved:

> **"That the Board receive and note the verbal report on the FAR Committee meeting held on 19 November 2020."**

J O'Callaghan/L Soper

Community and Public Health Advisory Committee

Mr Tuari Potiki, Chair of the Community and Public Health Advisory Committee (CPHAC) gave a verbal report on the CPHAC meeting held on 7 December 2020. He advised that the bulk of the meeting was taken up with Mental Health, with Clive Bensemann, Chair of the Review Steering Group, in attendance.

Mr Potiki reported that:

- The Committee received presentations on the Mental Health continuum of care from John MacDonald, Independent Chair, Mental Health Network Leadership Group, Rob Willers representing NGOs, Louise Travers, General Manger Mental Health, Addiction and Intellectual Disability, and Wendy Findlay, Director of Nursing, WellSouth Primary Care Network. This was followed by an update from Dr Bensemann on the Mental Health Review.
- CPHAC also received a report from Karen Browne, Chair of the Community Health Council (CHC), during which she presented the CHC's Annual Report. The Committee acknowledged the work undertaken by the CHC on Southern DHB's behalf and noted that it was fortunate to have a Council that ensured the voice of consumers was heard.
- A report on Strategy, Primary and Community Directorate activity was received.

It was noted that the CPHAC and DSAC agendas had been separated but, to avoid duplication, there would be close liaison on overlapping issues.

It was resolved:

> **"That the Board receive and note the verbal report of the CPHAC meeting held on 7 December 2020."**

T Potiki/M Theodore

Disability Support Advisory Committee

Dr Moana Theodore, Chair of the Disability Support Advisory Committee (DSAC) gave a verbal report on the DSAC meeting held on 7 December 2020, during which she summarised the key points of a presentation received from Sharon Adler, Portfolio Manager, on age related disability support services for older people, which was the main focus of the meeting.

In addition, Dr Theodore reported that the Committee:

- Received an update from the Executive Director Quality and Clinical Governance Solutions on the Disability Roadmap;
- Discussed its terms of reference and will be reviewing its roles and responsibilities.

It was resolved:

"That the Board receive and note the verbal report of the DSAC meeting held on 7 December 2020."

M Theodore/ K Crowther

Hospital Advisory Committee

The unconfirmed minutes of the Hospital Advisory Committee (HAC) meeting held on 2 November 2020 (tab 6.4.1) were taken as read and Dr David Perez, HAC Chair, highlighted the following items.

- The nitrous oxide usage discrepancy was referred to the Finance, Audit and Risk Committee and had been added to the investigations register.
- The seven-day hospital initiative could be considered further as part of the enhanced generalism initiative.
- As part of the ESPI 5 discussion, the Committee asked that there be some monitoring of the status of patients referred back to their GP, and whether they could have a rapid re-referral if their condition deteriorated.
- The pro forma letters to patients were discussed and the Committee asked that their review be expedited, with input from the Community Health Council.

The Board requested:

- That a progress update on review of pro forma patient letters be submitted to the first Hospital Advisory Committee meeting in 2021;
- That reference in the minutes to additional generalist physicians already being in place be corrected.

It was resolved:

"That the Board receive and note the unconfirmed minutes of the Hospital Advisory Committee meeting held on 2 November 2020."

D Perez/I Beekhuis

7.0 CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive Officer's monthly report (tab 7) was taken as read and the CEO drew the Board's attention to the following items.

- *Organisational Performance* – The amended year-end forecast was $15.7m. This was expected to deteriorate with the acceleration of depreciation due to the new Dunedin Hospital project formally commencing on 14 September 2020. Compliance with the Holidays Act was also a financial challenge.
- *Strategic Refresh* – The panel had evaluated the proposals put forward for the strategic refresh and would be inviting the two short-listed parties to present to them.

  The workshop facilitated by Pat Snedden was being rescheduled for early February 2021.
- *Balanced Reporting* – Equal importance needed to be place on the four core reports being developed: financial, quality, quantitative and HR.
- *COVID-19* – Clear expectations had been received from the Ministry of Health on preparedness for the holiday season. It was highly unlikely there would be a resurgence but the prospect of an "incursion", ie small clusters, was high.
- *Gastroenterology* – Mr Connolly gave an update on the gastroenterology project, then responded to members' questions. During discussion he advised that the waiting list table on page 43 of the agenda would be refined to show the number of people who had waited past their appropriate time.
- *Staff Wellbeing* – The CEO informed the Board that he was worried about the wellbeing of staff. Various areas were being looked at, which would put a spotlight on resourcing and physical occupancy.

  During discussion, the Chief Medical Officer (CMO) advised that the pressure on staff impacted on the ability to adequately care for patients and there were three predominant features driving the situation: (1) the expected effects of an emergency such as COVID-19, (2) the overhang of the lockdown when care was not delivered resulting in reports of people coming into hospital with higher levels of illness and complexity, and (3) the drive to catch up on the care that was not delivered.

  Concern was raised that the data did not appear to support the reported pressure.

  The Board requested that management:

  - Analyse the problem and report back with short-term alleviating measures, and medium and longer term options;
  - That outsourced caseweights and discharges be separated out in volume reporting.
- *Equity Funding* – Iwi Governance Committee representatives and the three Māori Board Members met on 11 November 2020 and had agreed on principles for prioritising the equity funding approved by Board.
- *Oncology* – The EDSS reported that:
  - A locum was being brought in to alleviate the pressure on medical oncology;
  - Radiation oncology was suffering from relatively high and ongoing demand and staff illness. Some tactical initiatives were being looked at to add capacity to the service.

- *Staff Service Milestones* – The CEO advised that he had asked the team to review the process for recognising staff service milestones, so total service, not just continuous service was recognised.
- *Southern Nursing Workforce Strategic Direction* – In response to a question about the diversity of the nursing workforce, the Chief Nursing and Midwifery Officer advised that a national nursing strategy was going to be developed that would encompass community representation and diversity. Efforts were also being made to recruit Māori to the new graduate programme.

It was resolved:

"That the CEO's report be noted."

D Perez/L Soper

8.0 ENHANCED GENERALISM BUSINESS CASE

Dr Dion Astwood, Clinical Director, Internal Medicine, and Jenny Hanson, Director of Nursing, Medicine, joined the meeting at 11.00 am for this item.

The EDSS presented a business case for enhanced generalism in Dunedin Hospital (tab 10). Dr Astwood and Ms Hanson then spoke on the benefits of enhanced generalism and a Medical Assessment Unit (MAU) next to ED, following which they, and management, responded to questions on the model of care, patient flow, ongoing costs, benefits realisation, staffing, and culture.

During discussion, it was noted that:

- A CT scanner on the ground floor would improve patient flow and there was room to install one if that were to be identified as a priority in the future;
- A change manager would be employed, and the Board provided with quarterly benefits realisation reports;
- The final detailed capex requests would be submitted to the Board.

It was resolved:

"That the Board approve the preferred option (option 2) and agree to the necessary operating and capital investment to implement an enhanced generalism model combined with a medical assessment unit at Dunedin Hospital."

D Perez/T Potiki

Dr Astwood and Ms Hanson were thanked for their attendance and left the meeting at 12.10 pm.

9.0 FINANCE AND PERFORMANCE

Finance Report

The Executive Director Finance, Procurement and Facilities (EDFF) presented the financial report for the period ending 31 October 2020 (tab 8.1), then took questions.

Performance

The volumes and performance reports (tabs 8.2 and 8.3) were taken as read and the Board:

- Requested that theatre utilisation be checked to ensure it included anaesthetic wake-up time, ie it was calculated on a "wheels in/wheels out" basis;
- Requested that explanatory narrative on performance be included with the graphs;
- Noted that the Short Stay in ED (SSED) graph and Invercargill graphs had been omitted from the performance dashboards.

Quarter One 2020/21 Performance Summary (Annual Plan Non-Financial Measures)

A report on performance against the 2020/21 Annual Plan Statement of Performance for quarter one (tab 8.4) was taken as read and management responded to questions.

Concerns were raised about performance against the immunisation, influenza vaccination, breast feeding, smoking cessation, and cervical screening targets, and the impact of that on equity.

It was resolved:

> **"That management be instructed to engage with the PHO concerning achieving the benchmarks for prevention services according to their contractual obligations."**
>
> L Kelly/I Beekhuis

Strategic Change Reports

Reports summarising progress towards achieving the strategic intentions in the 2020/21 Annual Plan were circulated with the agenda (tab 8.5) and taken as read.

It was resolved:

> **"That the financial, volumes and performance reports be noted."**
>
> I Beekhuis/T Potiki

10.0 PLACEMENT OF ADDITIONAL CT SCANNER

The Executive Director Specialist Services (EDSS) presented options for the location of the new CT scanner in Dunedin (tab 9) and advised that the recommendation to locate it in the Radiology Department was unanimous.

The EDSS informed the Board that a presentation on the future direction of radiology services would be made to the Hospital Advisory Committee meeting on 21 December 2020.

It was resolved:

> **"That the Board approve the proposal to locate the new CT machine in the existing Radiology Department (option 2)."**
>
> L Soper/J O'Callaghan

11.0 INFORMATION ITEMS

The following items were circulated with the agenda for members' information and received:

- An update from Dr Tim Mackay, Chair of the Clinical Council, on activities following the reconfiguration of the Committee's membership (tab 11.1);
- A diagram depicting the key alliances in the Southern Health system (tab 11.2).

PUBLIC EXCLUDED SESSION

***At 12.40 pm it* was *resolved*:**

"That the public be excluded from the meeting for consideration of the following agenda items."

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
Minutes of Previous Public Excluded Meeting	As set out in previous agenda.	As set out in previous agenda.
Public Excluded Advisory Committee Meetings: a) Finance, Audit & Risk Committee ▪ 19 November 2020 Minutes b) Hospital Advisory Committee ▪ 2 November 2020 Minutes c) Iwi Governance Committee ▪ 7 December 2020 Verbal Report	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
CEO's Report - Public Excluded Business ▪ New Dunedin Hospital ▪ Invercargill After Hours ▪ Pay Equity ▪ Oncology ▪ ICU Stage 2 Development ▪ ICU and Nursing Pressures ▪ Covid Vaccination Implementation Steering Group ▪ Ward 10A ▪ Coroner's Hearing	To allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
New Dunedin Hospital	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
Collective Insurance Risk Sharing Agreement	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
Capex Requests ▪ Stereotactic Service – Additional Funding for LINACs ▪ Digital Programme	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
Contract/Lease Approvals ▪ Strategy, Primary and Community ▪ Polaris IaaS Contract	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.

D Perez/T Potiki

Miss Soper, the Chief Medical Officer, and Chief Māori Health Strategy and Improvement Officer left the meeting.

***It* was *resolved*:**

> **"That the Board resume in open meeting and the business transacted in committee be confirmed."**

Vote of Thanks

The Board passed a special vote of thanks to Dr David Perez for stepping into the role of Acting Chair, and the outstanding job he had done.

The meeting closed at 4.30 pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board
BOARD MEETING ACTION SHEET

As at 25 January 2021

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Feb 2020 Updated Nov 2020	**Quantitative Performance Dashboard** (Minute item 6.0)	Draft quantitative dashboard to be presented to the Board.	CEO	Work in progress, structure agreed and being worked up by the team.	
June 2020	**Population Based Funding Formula** (Minute item 4.0)	Management to provide an update and discussion document in preparation for the 2021 PBFF review.	EDSP&C	MoH PBFF review is on hold pending further work to be completed by Health and Disability System Review Transition Unit.	~~December 2020~~ June 2021
Nov 2020	**Service Planning** (Minute item 8.0)	Board to be informed of any gaps that may need to be addressed.	EDSP&C	This has been factored into the service planning process for 2021/22	Complete
Dec 2020	**Urology** (Minute item 5.0)	Service to be invited to present to Board.	CEO	Urology are to present to HAC in the first instance. Invitation for that is in hand.	March 2021
Dec 2020	**Letters to Patients** (Minute item 6.0)	Progress update on the review of pro forma letters to patients to be submitted to the first meeting of HAC in 2021.	EDQCGS EDSS	Noted, the report will be provided to the 01 March 2021 HAC meeting.	Complete
Dec 2020	**Staff Wellbeing** (Minute item 7.0)	▪ Management to analyse the problem and report back with short-term alleviating measures, and medium and longer term options. ▪ Outsourced caseweights and discharges to be separated out in volume reporting.	CEO EDSS	Noted and actioned.	Complete

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Dec 2020	**Enhanced Generalism Busines Case and MAU Implementation** (Minute item 8.0)	Board to be provided with quarterly benefits realisation reports.	EDSS		March 2021
Dec 2020	**Performance Dashboards** (Minute item 9.0)	▪ Short Stay in ED (SSED) graph missing from dashboard to be circulated to members.	EDQCGS	This is part of the quarterly report to the Ministry.	
		▪ Invercargill graphs omitted.	BS	▪ File failed to load to Diligent and has subsequently been added to the December Board book.	
		▪ Theatre utilisation to be checked to ensure it includes anaesthetic wake-up time, ie it is calculated on a "wheels in/wheels out" basis.	EDSS	▪ The quality and clinical governance team have been contacted with regard to the incorrect theatre utilisation reporting that was in the Board papers. They are meeting with the theatre planning team, but this has been delayed until the 22nd of January due to summer leave. Once they have the meeting on the 21st we anticipate that the reporting will be corrected going forward.	
		▪ Explanatory narrative on performance to be included with the graphs.	EDQCGS	Formatting changed to provide commentary beside each chart.	Complete
Dec 2020	**2020/21 Performance Summary** (Minute item 9.0)	Management instructed to engage with the PHO concerning achieving the benchmarks for prevention services according to their contractual obligations.	EDSP&C	Under way.	

FINANCE, AUDIT AND RISK COMMITTEE MEETING, 28 JANUARY 2021

- Verbal report from Jean O'Callaghan, Deputy Chair, Finance, Audit and Risk Committee.

Southern District Health Board

Minutes of the Community and Public Health Advisory Committee held on Monday, 7 December 2020, commencing at 1.00 pm, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mr Tuari Potiki	Chair
	Ms Ilka Beekhuis	Deputy Chair *(by Zoom)*
	Mr Terry King	
	Dr Lyndell Kelly	*(from 1.20 pm)*
	Dr Kim Ma'ia'i	
	Ms Odele Stehlin	
In Attendance:	Dr John Chambers	Board Member
	Mrs Kaye Crowther	Board Member
	Dr Moana Theodore	Board Member
	Dr David Perez	Acting Board Chair
	Miss Lesley Soper	Board Member
	Mr Chris Fleming	Chief Executive Officer
	Mrs Lisa Gestro	Executive Director Strategy, Primary and Community
	Dr Nigel Millar	Chief Medical Officer *(from 1.35 pm)*
	Dr Nicola Mutch	Executive Director Communications
	Mr Andrew Swanson-Dobbs	Chief Executive Officer, WellSouth Primary Health Network
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer
	Ms Jeanette Kloosterman	Board Secretary

1.0 WELCOME AND KARAKIA

The meeting was opened with a karakia.

The Chair welcomed everyone to the meeting and advised that separate meetings of the Community and Public Health Advisory Committee (CPHAC) and Disability Support Advisory Committee (DSAC) was being trialled, primarily to ensure that justice was done to the work programmes of each committee.

2.0 APOLOGIES

Apologies were received from Mr Andrew Connolly and Mr Roger Jarrold, Crown Monitors.

Apologies for an early departure were received from Ms Beekhuis, who advised she would have to leave at 2.50 pm, and from Dr Perez for a departure at 1.30 pm.

3.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3) and noted.

The Chair advised that he was no longer Chair of the New Zealand Drug Foundation.

Members were reminded of their obligation to advise the meeting should any potential conflict arise during discussions.

4.0 PREVIOUS MINUTES

It was resolved:

"That the minutes of the meeting held on 5 October 2020 be approved and adopted as a correct record."

T Potiki/I Beekhuis

5.0 MATTERS ARISING

There were no matters arising from the previous minutes not covered by the agenda.

6.0 REVIEW OF ACTION SHEET

The Committees reviewed the action sheet (tab 7) and received the following updates from the Executive Director Strategy, Primary and Community (EDSP&C).

- *Pēhea Tou Kāinga? How is Your Home? Central Otago Housing: The Human Story* – The quantitative report on the status of housing and housing need would be submitted to the Committee when available in the first half of 2021.
- *Strategy, Primary and Community Report* – A new reporting template had been developed, so this action was complete.
- *Invercargill Primary Care Access* – A couple of meetings, led by WellSouth, had been held on this issue. Progress reports would be submitted to the Committee.
- *WellSouth Primary Health Network* – an update on the new Health Improvement Practitioner and Health Coach roles would be covered in the presentation later in the meeting. The smoking cessation improvement dashboard had been completed.

The Chief Māori Health Strategy and Improvement Officer (CHS&IO) reported that the Iwi Governance Committee (IGC) had discussed equity that morning. A paper would be prepared for IGC and a provider perspective incorporated into the February 2021 CPHAC meeting.

7.0 PRESENTATION

The Mental Health Continuum of Care

In introducing the presenters, the EDSP&C advised that the presentation (tab 14) was designed to provide the Committee with a comprehensive overview of the Mental Health system, including perspectives from NGOs, Specialist Services, and Primary Care, to set the scene for a broader discussion on the Mental Health Review.

Mr John MacDonald, Independent Chair of the Mental Health Network Leadership Group, provided an overview of the Southern mental health and addiction system. This included an outline of the Network Leadership Group structure and priorities, which were aimed at achieving one district-wide system, supporting engagement

with the Southern Mental Health and Addiction Review, strengthening local networks, achieving transformation, and the rollout of He Ara Oranga.

Dr Kelly joined the meeting at 1.20 pm.

Mr MacDonald identified the following challenges faced by the MHAID system:

- Delivering services within the Mental Health ringfence;
- Rebalancing the spend across Specialist Services and Primary and Community;
- Achieving equity for Māori and vulnerable groups and those living in rural areas;
- Ensuring the right configuration/location of services to support a contemporary model of care;
- Capacity to respond to increasing acuity and complexity, and increased demand from young people;
- Implementing new models of care.

Mr Rob Willers, Manager of Synergy Wellness, presenting on behalf of NGO providers, gave an outline of the Mental Health and Addiction services provided by NGOs and the challenges they faced. These included:

- Clients with multiple and complex health issues
- Inflexibility of funding
- Service gaps and system inefficiencies
- Obstacles in the consumer journey
- Inequity of resources, and
- Lack of integration.

Mr Willers then outlined opportunities to improve outcomes through:

- Funding flexibility
- Improving accessibility
- Integration and collaboration, and
- Long term investment in NGO services.

The Chief Medical Officer joined the meeting at 1.35 pm.

Ms Louise Travers, General Manager, Mental Health, Addiction and Intellectual Disability, outlined the MHAID specialist services provided by Southern Health and the challenges they faced, which included:

- Patient and staff safety
- Patient flow
- Intoxicated patient presentation
- Physical health
- Rural after-hours crisis service delivery
- Changing profile of child and youth need
- Workforce issues – recruiting, retaining and sustaining, staff development
- The facilities on the Wakari site
- Electronic records – across whole of system required.

Ms Wendy Findlay, Director of Nursing, WellSouth Primary Care Network, then outlined the new way of supporting mental health and wellbeing in primary care. This included the introduction of:

- Health Improvement Practitioners (HIPS) – registered health professionals who could make recommendations to GPs about referral pathways;
- Health Coaches – to support people to take steps towards improving their health and wellbeing. They come from a range of health and wellbeing backgrounds;

- Community Support Workers – to support patients to connect with the wider community.

Ms Findlay then outlined:

- The governance structure for this work, which included those NGOs involved in the service delivery programme and others who would become involved as more roles became available;
- The Brief Intervention Mental Health Service and other Mental Health services provided by WellSouth.

Following their presentations, Mr MacDonald, Mr Willers, Ms Travers, and Ms Findlay responded to members' questions.

At 2.00 pm Ms Karen Browne, Chair of the Community Health Council, and Ms Gail Thomson, Executive Director Quality and Clinical Governance Solutions (EDQ&CGS), joined the meeting.

8.0 UPDATE ON THE MENTAL HEALTH REVIEW

The terms of reference for an independent review of the Southern Mental Health and Addiction System Continuum of Care were circulated with the agenda (tab 9).

Dr Clive Bensemann, Review Steering Group Chair, joined the meeting and spoke on his role, membership of the Steering Group, and his early thoughts on the review, during which he reported that:

- The intent of the Steering Group was to get a cross-sector and relatively independent view;
- The review would be carried out by an outside provider and a procurement process was under way for that;
- The first stage would be focused on stakeholder engagement, looking at data and coming up with high level recommendations;
- The second stage would be focused on implementation of the strategy;
- The process conducted by the external provider would take about six months.

Dr Bensemann advised that there were great opportunities to improve integration and address inequity but a change of this size, as he understood the aspirations of the review, would be challenging.

Mr Willers left the meeting at 2.10 pm.

Dr Bensemann and management then responded to members' questions on the review and the challenges faced by Mental Health services.

In thanking Dr Bensemann and the other presenters, the Chair advised that it was comforting to hear them talk about innovation and the scope of the review. On behalf of the Committee, he encouraged the review group to be as broad as they needed to be.

Dr Bensemann, Mr Macdonald, Ms Travers, and Ms Findlay left the meeting at 2.20 pm.

9.0 COMMUNITY HEALTH COUNCIL ANNUAL REPORT 2019/20

Ms Karen Brown, Chair of the Community Health Council (CHC), thanked Southern DHB and WellSouth for their continuing support and presented the Community Health Council's Annual Report for 2019/20, which included an overview of the achievements of the CHC and its learnings to date (tab 10).

Ms Brown then responded to questions.

The Community Health Council's support and contribution to the organisation was acknowledged by the Committee and management as exceptional.

Mrs Browne was thanked for her attendance and left the meeting at 2.30 pm.

10.0 STRATEGY, PRIMARY AND COMMUNITY REPORT

The Strategy, Primary and Community Report (tab 11) was taken as read and the EDSP&C highlighted the following items.

- *Mental Health Review* – Dr Bensemann was currently undertaking orientation prior to the commencement of the review.
- *Population* Health - Focus was being placed on the MMR programme to increase uptake.
- *COVID-19* – Public Health and the PHO had responded admirably to preparing for any incursion of COVID-19 during the holiday break.
- *Resignation of General Manager Primary Care and Population Health* – Mary Cleary-Lyons was leaving the organisation, which would leave a significant gap in the team.
- *Primary Maternity Strategy* – The next step was to undertake engagement with Lead Maternity Carers (LMCs) and broader stakeholders around the operating model. A request for proposal (RfP) had been issued for an NGO or trust to partner on the delivery of that system.
- *Service Planning and Budgeting Processes* – An intensive series of pre-engagement sessions had been held with directorates.
- *Health Hubs* - The tender for health hub establishment was closing at the end of the day.

Management then answered questions on preparations for COVID-19 vaccination, oral health and fluoridation, rural radiology, the vacant Southland based MHAID Kaumatua position, and tobacco control.

The Committee requested:

- A paper on fluoridation and the options open to Southern DHB to improve coverage across the district;
- A presentation from Public Health on their business as usual;
- An update on the review of rural radiology services.

11.0 FINANCIAL REPORT

The EDSP&C presented the Strategy, Primary and Community (SP&C) financial results for October 2020 (tab 12) and outlined the contributing factors to the unfavourable variance.

The meeting closed at 2.50 pm.

Confirmed as a true and correct record:

Chair: _____

Date: _____

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITEE MEETING 1 FEBRUARY 2021

- Verbal report from Tuari Potiki, Chair, Community and Public Health Advisory Committee

Southern District Health Board

Minutes of the Disability Support Advisory Committee held on Monday, 7 December 2020, commencing at 3.00 pm, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Dr Moana Theodore	Chair
	Mrs Kaye Crowther	Deputy Chair
	Mr Kiringāua Cassidy	
	Dr John Chambers	
	Ms Odele Stehlin	
	Ms Paula Waby	
In Attendance:	Dr David Perez	Acting Board Chair
	Dr Lyndell Kelly	Board Member
	Mr Terry King	Board Member
	Mr Tuari Potiki	Board Member
	Miss Lesley Soper	Board Member
	Mr Chris Fleming	Chief Executive Officer
	Ms Gail Thomson	Executive Director Quality & Clinical Governance Solutions
	Mrs Lisa Gestro	Executive Director Strategy, Primary and Community
	Dr Nigel Millar	Chief Medical Officer
	Dr Nicola Mutch	Executive Director Communications
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer
	Ms Jeanette Kloosterman	Board Secretary

1.0 WELCOME

The Chair extended a warm welcome to Kiringāua Cassidy, who was attending his first meeting. This was followed by a round of introductions.

2.0 APOLOGIES

Apologies were received from Mr Andrew Connolly and Mr Roger Jarrold, Crown Monitors.

3.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3) and noted.

The Chair asked for any changes to the registers and reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

4.0 PREVIOUS MINUTES

The Chair:

- Noted that the previous minutes were of a combined meeting with the Community and Public Health Advisory Committee (CPHAC);

- Reported that the plan for a Disability Support Advisory Committee (DSAC) workshop had changed slightly.

It was resolved:

"That the minutes of the meeting held on 3 August 2020 be approved and adopted as a correct record."

M Theodore/K Crowther

5.0 CHAIRS' UPDATE

Dr Moana Theodore, DSAC Chair:

- Thanked the Executive Director Quality and Clinical Governance Solutions (EDQ&CGS), Executive Director Strategy, Primary and Community, and the Board Secretary for their work in supporting DSAC during 2020;
- Advised that instead of holding a separate DSAC workshop, it had been decided to separate CPHAC and DSAC meetings to enable a better focus on disability issues. A combined Annual Plan workshop was being planned for the New Year.

6.0 REVIEW OF ACTION SHEET

The EDQ&CGS drew the Committee's attention to the brief update on the Disability Strategy implementation timeline included in the agenda papers and advised that updates on the actions would be provided in February 2021.

The Committee received the action sheet (tab 7).

7.0 SUPPORT SERVICES FOR OLDER PEOPLE

Mrs Sharon Adler, Portfolio Manager, Health of Older People, was welcomed to the meeting and presented an overview of age-related disability services, including Southern DHB's responsibilities for provision of these services, funding, utilisation, and current challenges (tabs 8 and 12).

During her presentation, Mrs Adler informed the Committee that:

- These services provide support for 4,800 people in the community and another 3,000 in aged residential care in the Southern district.
- The key accountability documents for the provision of age-related disability services are the Operational Policy Handbook and Service Coverage Schedule, which set out the services DHBs are required to provide for: (1) those over 65 years with an age-related disability, or (2) those over 50 with an age-related disability, ie 'close in age and interest'.
- Of Southern DHB's population of approximately 345k, 61k are over 65 and 7k over 85. Age-related services were mostly focused on the over 85 year-olds.
- Within Southern DHB, Gore, Waitaki and Central have the highest concentrations of older people.
- People accessed older persons' health services through the Needs Assessment and Service Co-ordination Centre (NASC) and were assessed by a registered health professional, using a clinical assessment tool called interRAI, to determine need.

- About 14% of Southern DHB's budget, or approximately $155m, was spent on age related disability (excluding Assessment, Treatment and Rehabilitation +$27m and NASC +$2m). Of that, about $93m was spent on aged residential care and $28m on home support services.
- Since 2013 home and community support services had been provided by an alliance comprising the Royal District Nursing Service (RDNS), Access Community Health and HealthCare New Zealand. These agencies provide a bulk-funded restorative service for approximately 4,800 people a year and employ over 1,100 support workers across the district and made over 40,000 visits each week.
- There are 65 aged residential care (ARC) facilities throughout the district providing four levels of care: rest home, secure dementia, hospital, and psychogeriatric.
- The challenges for aged residential care include:
  - Understanding – some people and staff did not understand the model
  - Isolation – many facilities worked in isolation with variable support for their clinicians
  - Workforce – the industry relied on internationally qualified nurses, and border closures and pay parity were substantive issues
  - Funding – does not recognise complex needs, eg bariatric patients
  - Changing and increasing needs of older people
  - GP Support – a number of facilities are not supported by GP practices
  - COVID-19 – had placed a lot of stress on aged care facilities.

Mrs Adler, the CEO and Chief Medical Officer (CMO) then responded to questions on the PHO's responsibility for GP care, the home and community support services model and service provision, InterRAI reassessments, the availability of psychogeriatric beds, access and care options for Māori, and Home Team capacity.

Correction: It was noted that reference in the background report to residents with an "intellectual handicap" should read "intellectual disability or learning disability".

The Chair thanked Mrs Adler for her presentation and congratulated her on winning the Southern Future Values Champion Award.

8.0 DISABILITY ROADMAP UPDATE

The Executive Director Quality and Clinical Governance Solutions (EDQ&CGS) presented an update on the actions to support the Disability Strategy (tab 9). She advised that work was under way to make the Disability Strategy available in various formats, and her team and the Community Health Council had been gathering stories of people with lived disability. Local images were also being captured.

The EDQ&CGS then responded to questions on the Disability Strategy implementation timeline and the staff training module.

It was resolved:

"That the report be noted."

M Theodore/K Crowther

9.0 DISABILITY STRATEGY SUMMARY

A summary of Southern DHB's Disability Strategy 2020 was circulated with the agenda (tab 10) and taken as read.

10.0 TERMS OF REFERENCE

The Chair reported that the Board's advisory committee Chairs had been having discussions about the committees and the CEO had provided some helpful advice on the focus of DSAC, which included being an inclusive employer and provider of services. The Chair advised that she intended to review DSAC's terms of reference (tab 11) to capture these and invited feedback on the Committee's responsibilities.

During discussion, the following points were noted.

- It would be useful for the Committee to understand the disability services available in the wider community, and how Southern DHB could support these.
- Southern DHB could consider implementing Individual Placement and Support (IPS - an integrated approach to employment and mental health support).
- That the Committee should receive key metrics to enable it to assess the disability support services' performance against expectations set out in relevant accountability documents.

The Chair thanked Committee members and staff for their contribution during a challenging year and wished everyone a relaxing break.

The meeting closed with a karakia at 4.20 pm.

Confirmed as a true and correct record:

Chair: _____

Date: _____

DISABILITY SUPPORT ADVISORY COMMITEE MEETING
1 FEBRUARY 2021

- Verbal report from Moana Theodore, Chair, Disability Support Advisory Committee

IWI GOVERNANCE COMMITEE MEETING
1 FEBRUARY 2021

- Verbal report from Moana Theodore and Tuari Potiki

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Monday, 21 December 2020, commencing at 10.00 am in the Board Room, Level 2, Main Block, Wakari Hospital Campus

Present:	Dr David Perez	Chair
	Mrs Jean O'Callaghan	Deputy Chair *(by zoom)*
	Ms Justine Camp	Committee Member *(by zoom)*
	Dr Lyndell Kelly	Committee Member
	Miss Lesley Soper	Committee Member *(by zoom)*
In Attendance:	Ms Ilka Beekhuis	Board Member *(by zoom)*
	Mr Roger Jarrold	Crown Monitor *(by zoom)*
	Mr Tuari Potiki	Board Member
	Mrs Kaye Crowther	Board Member *(by zoom)*
	Mr Terry King	Board Member *(by zoom)*
	Mr Chris Fleming	Chief Executive Officer
	Mr Patrick Ng	Executive Director Specialist Services
	Dr Nicola Mutch	Executive Director Communications
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer
	Mrs Jane Wilson	Chief Nursing and Midwifery Officer
	Mrs Joanne Fannin	Personal Assistant (minute taker)

1.0 WELCOME

The Chair welcomed everyone to the meeting.

2.0 APOLOGIES

Apologies were received from Committee members, Dr John Chambers and Dr Moana Theodore and Crown Monitor, Mr Andrew Connolly.

3.0 PRESENTATION – FUTURE DIRECTION OF RADIOLOGY SERVICES

Mr Stephen Jenkins, Service Manager; Dr Ben Wilson, Consultant Radiologist and Ms Janine Cochrane, General Manager Surgical Services and Radiology, joined the meeting to present on the Southern DHB Radiology Service. A copy of the presentation was included in the agenda. The following key points were raised in discussion:

- The Committee requested comparative figures for other DHBs for the number of MRI exams per 10,000 population and comparative figures for Computed Tomography (CT) and Ultrasound (US).
- The Ministry of Health (MoH) published scorecard information in relation to MRI capacity indicates that Southern is doing 2,993 MRI scans per machine, over a year and the peer average is 2,549.
- To achieve better equity, the boundaries may potentially be changed to redirect the Clutha population to Southland for MRI scans.
- Ultrasound (US) is not a MoH target.
- There is a shortage of Sonographers across the district which is impacting the wait list.
- The Chair suggested the possibility of any new equipment primarily for elective work being off-site, e.g. in a Community Hub.

- Dr Ben Wilson advocated for the further development of Health Pathways, especially for Ultrasound.
- An update was provided on space at Southland Hospital for replacement of the CT.
- The challenges with recruitment were outlined, with all DHBs recruiting from a small pool of specialist staff.
- The triaging process was outlined. There are very few rejections with clinical appropriateness and timing being key.
- Concern was raised over the challenges with access to diagnostic services.
- The Chair summarised the discussion, noting the under-capacity issues identified by the team and he queried where future developments should be, i.e. Southland, Dunedin or community hubs.
- A request was made for management to provide a pro-forma radiology plan for the March 2021 HAC meeting, addressing the diagnostics and imaging issues, mitigation for the short term and planning with a timeline for the medium and long term, with a particular focus on Dunedin. It was acknowledged that the plan needs to be balanced against priorities in other areas.
- It was acknowledged that building work will be required when installing the new CT scanner for Southland.

Mr Stephen Jenkins, Dr Ben Wilson and Ms Janine Cochrane left the meeting.

Ms Ilka Beekhuis left the meeting.

4.0 VALUING PATIENT TIME UPDATE

Dr Hywel Lloyd, Medical Director, joined the meeting and presented with Mrs Jane Wilson on Valuing Patient Time. A copy of the presentation and one-page update was included in the agenda. The following key points were raised in discussion:

- An apology was noted from Dr Nigel Millar who was to present on escalation with Ms Megan Boivin. A formal presentation will be made to the meeting in March 2021.
- An update on the concepts of SAFER bundles, presented to the Committee in July 2020 and rapid rounds, presented in October 2020.
- All areas are to be assessed by the end of February 2021 to understand where they are with rolling out the SAFER bundle and all components. An action and support plan will be identified for each of the areas.
- There will be variability in how the plan is implemented in each area.
- Clinical criteria for discharge is a key area of focus. Dr Lloyd advised on how this can be measured and captured.
- The Hospital Escalation Plan will be implemented in the New Year and presented to the Committee in March 2021. It will then be rolled out at Southland Hospital.
- An update was provided on the components of the Escalation Plan in the wider hospital setting – having the visual tools more accessible and visible at a Ward level.

Miss Lesley Soper left the meeting.

- "In Hospital referrals" is not a component of the SAFER bundle, but is an important aspect for patient flow, especially the responsiveness of the sub-Specialty teams. This will be enhanced over time through use of hospital pathways.
- Inclusion of the IT team members in clinical discussions and planning to enhance their understanding of the IT issues being experienced and constraints in the system.
- Reviews to be undertaken three to four times per annum to understand the reasons why there is a delay in patients being discharged.

- Getting momentum and engagement so staff see the value of the plan and understand it is a key piece of work to improve flow through the system.
- The proposed next steps for the New Year were outlined.
- The challenges with the implementation of Care Capacity Demand Management (CCDM) and Valuing Patient Time were outlined.
- A request was made for a greater degree of urgency with implementation and for the outcomes to be included in the Valuing Patient Time Plan.
- The Chair requested a tabulation of progress by service for the HAC meeting in March 2021. Members noted the SAFER Bundle specific metrics on page 57 of the agenda.

Dr Hywel Lloyd left the meeting.

5.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3).

The Chair asked for any changes to the registers to be sent to the Minutes Secretary and reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

It was resolved:
"That the Interests Registers be received and noted."

6.0 PREVIOUS MINUTES

It was resolved:

"That the minutes of the meeting held on 2 November 2020 be approved and adopted as a true and correct record."

D Perez /L Kelly

7.0 MATTERS ARISING/REVIEW OF ACTION SHEET

The Committee reviewed the action sheet (tab 5).

- Telehealth – the Chair commended management on the production of the TeleHealth newsletter. The CEO advised the need for 7-day Hospital to be re-labelled as 7-day services.
- Clinical Risk Dashboard – the Chief Medical Officer (CMO) and Executive Director Quality and Clinical Governance Solutions (EDQ&CGS) are to provide an update for the HAC meeting in March 2021.

8.0 SPECIALIST SERVICES MONITORING AND PERFORMANCE REPORTS

Executive Director of Specialist Services Report

The Executive Director Specialist Services (EDSS) monthly report (tab 7.1) was taken as read and the EDSS, Mr Patrick Ng, drew the Committee's attention to the following items:

Equity

An update was provided on the setting up of an equity programme of work for Specialist Services. The initial focus will be on achieving equitable access and outcomes in the areas of respiratory and cardiology services. A programme of work to improve access to delivery will be developed in consultation with Primary and Community and with a focus on the different ethnic groups. The EDSS advised that he would take into account the data quality issues with the census figures. An update was provided by the Chief Māori Health Strategy and Improvement Officer

who reported on feedback from the Community Health Council and the need to engage appropriately with the Pasifika community.

Surgical Performance

The challenges for the month with bed block were outlined. Whilst on plan year-to-date, there has been a deterioration with delivery in November 2020, impacting the results going in to December 2020. A collective decision, based on verbal advice from the Clinical Council, has been made to defer elective surgery in the lead up to Christmas to alleviate pressure on the system and stress on staff. Members noted concern due to the risk and impact on patient waiting time and requested that the Clinical Council provide a written response to the Committee outlining the rationale for their recommendation based on the data received by them. The EDSS confirmed that 37 patients had been cancelled, worth 87 case weights. A deferral plan is being prepared for the first weeks in January 2021. Members also noted concern over the high number of ED presentations at Southland Hospital. The CEO advised that the unusual trend Southern is experiencing with the undue pressure on the Hospitals not showing in the figures is being experienced in DHBs across the country and may be a flow-on effect of COVID. The team are investigating and a report will be provided. The Chair advised that if the Escalation Plan Programme was fully implemented and in place, it would assist with rationalisation of the situation.

Outpatient Performance ESPI 2

An update was provided on progress made with reducing the number of ESPI 2 breaches post COVID. With limited access to recovery funding, efforts have been made to focus on the key risk areas outlined in the report. The Ministry of Health (MoH) Prioritisation Tool is being used to balance supply and demand.

Inpatient Performance ESPI 5

The total number of breaches has reduced. The ability to reduce waitlists by undertaking more surgery is tied in to Theatre capacity and what can be outsourced. The focus has been on patients waiting over 21 months. There is a detailed report that gives the details behind every case waiting over eight months. It is proposed to give Clinical Council members access to the report. Corrections are being made where data quality issues are detected.

Mrs Jane Wilson left the meeting.

The EDSS responded to a query relating to Sterile Services and whether there are any solutions that can be put in place to assist with the challenges for this service in Dunedin in the short term. A request was made to clarify the number of trays being rejected within the Sterile Services department at Dunedin Hospital.

Medical Imaging Diagnostics

With the shift to a new Radiology Information System (EASYRIS), reporting is still being worked on and should be available for the next HAC meeting in March 2021.

Emergency Departments (ED)

The new ambulatory area "fit to sit" was commissioned in mid-November 2020 and offers six to eight chairs, freeing up some space in the ED in Dunedin. An update was provided on progress with the Medical Assessment Unit (MAU) in Dunedin and challenges around the number of people accessing the ED at Southland Hospital. The concerns around access have been discussed with the WellSouth PHN. In depth discussion was held on the challenges with ED access in Southland. A suggestion

was made that the ED paperwork be modified to collect information on why people are presenting to ED.

Oncology

An update was provided on Oncology and the 31-day target. The EDSS provided an update on the current status for radiation treatment.

Mr Roger Jarrold left the meeting.

An update was provided on challenges with the 62-day target. Concerns related to the current reporting system are being investigated further.

Gastroenterology

The EDSS spoke to the progress made with improvements to management of colonoscopies as outlined in the report.

The Committee commended the EDSS on the work done and the format of his report.

Financial Report

The EDSS presented the Specialist Services financial results for the month of November and outlined the contributing factors to the unfavourable variance.

In discussion the EDSS advised that Neurosurgery costs are included in the Inter District Flows (IDF) for Canterbury DHB.

The CEO responded to a query, advising on the impact of Nurses working a double shift.

***It was resolved**:*

"That the reports to the Hospital Advisory Committee be noted.

9.0 GENERAL BUSINESS

Overlap of Strategy Issues between Advisory Committees

The Chair advised that it is proposed to hold regular meetings of the Chairs and Deputy Chairs of Southern DHB's Advisory Committees in the New Year to discuss agenda setting, with a view to avoiding overlap of agenda content between the various Committees and identify areas of interest across committees.

Resignation of David Perez, Acting Board Chair and HAC Chair

The Chair advised that this was potentially his final HAC meeting. Discussions are being held regarding a replacement Chair for HAC, however, nothing has been finalised at the current time.

Software for ICU/CCU

The EDSS referred to correspondence received from Dr Craig Carr noting areas of concern and requesting the implementation of a software solution that better connects the ICU in Dunedin and the CCU in Southland. He advised that:

- With pending resignations within the district, it has been agreed that the software should be included on the CAPEX list for appropriate prioritisation as part of the budget process. With pending retirements in Southland, it is

foreseeable that there will potentially be a workforce challenge and the software will help mitigate that.

- Dr Carr has previously raised concerns relating to resourcing of the High Dependency Unit (HDU) in Dunedin, as it does not have the same consistency of clinical input, in the same way as the ICU does and there have been challenges with nursing staff flexing to cover HDU as well. Agreement has been reached for a slight increase in SMO (approximately 0.2 FTE) to make the system work better.
- A comprehensive update for the air handling solution for the ICU in Dunedin will be provided for the HAC meeting in March 2021.

Dr Lyndell Kelly proposed a formal vote of thanks to Mr David Perez for his efforts as Chair of the HAC and wished him well in retirement.

10.0 CONFIDENTIAL SESSION

At 1.19pm it was resolved that the Hospital Advisory Committee move into committee to consider the previous public excluded meeting minutes.

***It was resolved**:*

"That the minutes of the public excluded session of the Hospital Advisory Committee meeting held on 2 November 2020 be approved and adopted as a true and correct record."

L Kelly / J O'Callaghan

A closing karakia was provided by the Chief Māori Health Strategy and Improvement Officer and the meeting closed at 1.22pm.

Chair: _____

Date: _____

FOR INFORMATION

Item: CEO Report to Board

Proposed by: Chris Fleming, Chief Executive

Meeting of: 2 February 2021

Recommendation

1. **That the Board:**

   - **notes the attached report and**
   - **discusses and notes any issues which they require further information or follow-up on.**

Purpose

This report is provided to update the Board on key issues and activities for the District Health Board (DHB). The intention is to raise key issues, but it is also to inform the Board on wider issues which are occurring within the Southern Health System.

1. Organisational Performance

There are three papers on the agenda under finance and performance:

- Finance report
- High Level Volumes
- Performance Dashboard.

Financial performance for the month of December is a deficit of $3.562 million compared to a planned deficit of $2.296 million, and hence $1.266 million unfavourable to plan. Year to date (YTD) financial performance is a $13.031 million deficit against a planned deficit of $5.754 million, resulting in a year to date deficit against plan of $7.277 million. However, the budget for the year explicitly excluded three known factors which were to be reported separately:

- Impact of COVID
- Holidays Act
- Accelerated Depreciation of Dunedin Hospital once the DBC was endorsed.

These three items are all impacting on the result as noted in the financial reports, however refining these results to core activities (which exclude the three items above), the core operating results are a deficit of $7.745 million compared to a planned deficit of $5.754 million so an adverse result of $1.991 million.

From a volumes perspective the following is a synopsis:

- Total case weighted discharges are up 322 or 6.8% for the month and now up 0.5% year to date
- Raw discharges are up 365 or 7.6% for the month, but down 0.7% year to date

- ED attendances were up 4% for the month, but down 0.4% year to date, noting that for this month all EDs were busier than the same month last year with Dunedin having the largest increase, on a year to date basis Dunedin and Lakes are still below last year's volumes while Southland is up 1.4%
- Mental Health bed days continue to be below last years levels with a reduction of 7.7% for the month and 6.4% year to date.

This paints a picture that indicates overall average acuity measured by case weighted discharge per raw discharge has increased marginally. A couple of other interesting observations has been that overall medical activities have reduced in both case weights and discharges while surgery has increased on both measures, but in particular acute surgical which is up 4.5% in case weights and 6.8% in discharges.

The concerning picture is that while in the previous year we saw a gradual reduction in both medical case weights and raw discharges from the peak of July through extending all the way through to the lockdown in April, we have seen a gradual incline in both Medical case weights and raw discharges since June 2020. It is anticipated that this will indeed be the impact of the COVID lockdown period however the trend is not dissipating, unless something can be done to improve flows through the hospital and understand the causes of this increase there are significant risks associated with this coming winter. The impact of this trend has placed significant burden on our staff and has contributed to the action required prior to Christmas to reduce planned care further. See below re Patient Flow Task Force.

2. Strategic Refresh

Prior to Christmas the DHB undertook a request for proposal (RFP) process looking for consulting support to refresh the Southern DHB's Strategic refresh. The evaluation panel has narrowed the respondents down to two parties whose proposals best met the DHB requirements. These two parties have been invited to present to the Evaluation Panel in mid-January and the intention will be to affirm the provider after these presentations have occurred. It is expected therefore that the Strategic Refresh process will then commence in February and has a circa six month timeframe. The one big challenge of course will be that the process will need to be able to be flexible to ensure that it responds to any decisions or clear directions which may come from the Health and Disability Systems Review Transition Unit which is progressing planning and decision making associated with the review.

3. Independent Review of the Southern Mental Health and Addiction System Continuum of Care

Southern DHB continues to progress the Independent Review of the Southern Mental Health and Addiction System Continuum of Care. Following approval of the Terms of Reference a Procurement Process commenced and a successful party to undertake the review has been confirmed as Synergia.

A Steering Group has been established, as per the terms of reference to oversee the review. This group is independently chaired by Dr Clive Bensemann and participated in the selection of the organisation to undertake the review. The Steering Group will link closely with Synergia throughout the review process. Dr Bensemann visited the Southern area in December to orientate to the Southern Mental Health and Addiction System.

The review has now commenced and Synergia have had initial meetings with some of the key stakeholders. We expect a draft report mid-year.

4. Patient Flow Task Force

Immediately prior to Christmas the Clinical Council raised their concerns over the workload pressures in the hospital and the concern was such that immediate actions were required. The expectation from the meeting with the Clinical Council were that we would do at least the following three actions:

- Defer planned surgery in the two weeks leading up to Christmas
- Ensure that every patient had a senior clinical review every day
- Fast track Criteria Led Discharging.

From a medium term perspective, we also need to focus on improving the match between resourced capacity and demand as there are too many staff, particularly, but not exclusively, nursing, working beyond their FTE due to vacancies and gaps. This is placing unreasonable pressure on staff. Allied health staffing should also, over time, be matched to demand. This is more complex because of the long-term deficit but will become more achievable as the progressive plan to increase allied health input is realised.

This said, we deferred planned surgery, however progress on senior clinical review and the criteria led discharge process has not really gained any traction. At the time of writing this report 85 of the 271 (31%) resourced beds in Dunedin are being occupied by people staying over 5 nights, of which 45 have stayed over 10 nights, and of this 18 over 20 nights. In Invercargill, the picture is slightly better as there were only 34 of the 157 resourced beds (21.6%) were occupied by longer length of stay patients, however at 7am there were 12 patients in ED waiting to be admitted to beds in the hospital but only 1 bed empty. There were resourced beds, but they were not able to be staffed.

The impact of these challenges is added burden of stress on our staff, potential harm for patients, and cancellation of planned patients due to lack of resourced beds. This must change, and we need to have a very clear focus on this with urgency. To this extent I have asked a small group of the Chief Medical Officer, the Chief Nursing and Midwifery Officer, Chief Scientific Allied Health and Technical Officer, General Manager Operations and two of the Directors of Nursing to work actively over the week and identify a specific action plan with tangible actions that are immediately implementable to drive the change. If the long stay patients were able to be reduced to 15% of resourced bed capacity 55 beds would be released, which would go a long way to reducing workload pressure and it would increase the capability of resuming more extensive planned care. Some of the actions may require additional resourcing, but unless we take this issue seriously the pressure looks like it may go unabated and this is not okay for either our staff or the patients they are treating (let alone those who are deferred).

5. Annual Plan 2021/22

The Ministry of Health has released 2021/22 Annual Plan and Planning Priorities Guidance, available on the nationwide service framework library website 2021/22 Planning Package | Nationwide Service Framework Library (health.govt.nz) There is no Regional Service Plan guidance this year, however the regional service plan will still underpin each DHB's annual plan.

For 2021/22 the Government's planning priority areas have been retained, however the focus of the guidance has been shifted away from business as usual. In the Annual Plans, DHBs will be expected to identify their most significant innovative activities that will improve equity and to embed key COVID-19 learnings across the Government's planning priorities. It is expected that these changes will significantly streamline both the Annual Plans and the planning processes.

Annual Plan templates have now been included on SharePoint through a number of links that are correlated with relevant sections. Completed templates are requested by

26 February, however there will not be adequate time to allow for review by the Executive Leadership Team (ELT) and the Board prior to submission to the Ministry on 5 March, so it will need to be submitted as very draft with no endorsement. ELT members have been asked to share Ministry of Health Annual Plan guidance through their networks (Alliance Leadership Team, Iwi Governance Committee, Clinical Council, Community Health Council).

6. Budget 2021/22

The first draft of the budget is due to the Ministry of Health on 5 March. This timeline means that it is impossible for the Board or any other Committee to review any draft before they are submitted. While this year's process is integrating service planning and the development of budgets in a closer manner, there is still no draft budget ready for more detailed reviews. The Finance, Audit and Risk Committee (FARC) meeting which is scheduled on 25 February will need to review where the budget is at that stage and make a decision as to whether we submit a draft budget on the due date or not. The Ministry of Health has a clear expectation that the budget for 2021/22 should be a break even budget. The current year's budget is a deficit of $10.9 million and explicitly excludes the implications of the Holidays Act, or Accelerated Depreciation related to the Dunedin Hospital project, and any ongoing COVID implications. On top of that, the expectation that we have fully implemented Care Capacity and Demand Management (CCDM) / Safe Staffing by 30 June 2021 means that there are significant expectations associated with increasing nursing resources further (preliminary estimates place this in the circa 40 to 60 FTE which has a circa $3 to $5 million impact).

One of the obvious challenges is that we do not have any funding indications and are unlikely to have anything firm before the May 2021 Government budget. The draft budget is assuming the same funding increase as the previous year.

7. South Island Alliance

In the annual planning guidance this year there is not a need to have the South Island Health Service Plan formally endorsed by the Ministers. This said, there is a significant amount of change occurring in the South Island, particularly impacted by the extensive leadership changes at Canterbury District Health Board and the move of the Nelson Marlborough DHB Chief Executive to the Canterbury role in late February. As a region we have recommitted to the importance of regional collaboration and have tasked the South Island Alliance Programme Office to ensure that the South Island plan is focussed on doing a small number of things very well. The clear leading area is our commitment regionally around Digital Transformation through the Information Systems (IS) Alliance, however we are also exploring whether there are any other shared infrastructure priorities we should consider regionally along with a small number of clinical network initiatives.

It is vital that the regional plan is clearly reflected in each of the South Island DHB's Annual Plans.

8. Digital Programme Business Case – Update

The digital programme business case is 90% complete and we continue to work with Sapere to complete the work. The Ministry of Health has confirmed that the resourcing requested to ensure the January to June 2021 activity can progress and this is now underway. The tension remains that significant investment will be required moving forward and this will need to be agreed through the expected endorsement of the business case. The development of the detailed business case will now progress once the programme business case has been finalised. We also need to prepare for a gateway review, the outputs of which will be fed into the detailed business case (DBC) development.

We are also now initiating the South Island Patient Information Care System project following National Capital Committee endorsement. This is implementing the consistent

South Island Patient Information Care System which once Southern goes live will be a single instance of the solution across the entire South Island.

9. Elective Surgery

As noted later in this report, during December we experienced very high demand (in our Southland Emergency Department in particular), but we also experienced significant bed access issues in Dunedin. This prompted the Clinical Council to contact the CEO and request that planned activity be reduced to alleviate the pressure that these demands were placing on our nursing staff in particular.

As a consequence of a subsequent meeting between the CEO, Executive Director Specialist Services (EDSS) and Clinical Council it was agreed that deferrable elective activity (i.e. primarily non-cancer elective surgery) would be reduced for the last two weeks of December. It was also determined that the Clinical Council should assist with maximising clinical input to enable discharges to occur to free up hospital beds as much as practicable. Steps were then taken to defer elective activity in the last two weeks of December. In practice, approximately half of the booked elective work was urgent / cancer related, and half of the remainder was then postponed in Dunedin. In Southland, where the issues were more significant, essentially all deferrable elective work (i.e. excluding cancers) was deferred.

Despite this reduction in activity, the December and year to date elective target has been achieved. However, as the pressures continue into the new calendar year, we are at risk of impacting on our performance against our elective plan. Nursing shortages in Dunedin on the third floor orthopaedic ward mean that we have had to reduce the planned orthopaedic surgery completed in Dunedin going into January and this will continue until the vacancies on that ward are filled by the February graduate intake and as the graduate productivity increases post induction. In Southland, the graduate intake in February will help with vacancies, but there remains ongoing risk with nursing numbers that will need to be worked through carefully.

One of the issues to come out of this is that we are perpetuating the long waits for some patients on our orthopaedic waiting lists. For example, we had been targeting getting all patients eligible / still in need of surgery who had been waiting over 21 months onto our surgical lists (to address our ESPI 5 long waits), but many of these bookings have now been deferred or the booking cannot occur. One option that we now need to consider is whether we increase our outsourced orthopaedic surgery for those patients who would be suitable for an outsourced procedure (generally the less complex surgeries). As unbudgeted outsourcing, this risks creating a financial impact, but if worked through carefully we may be able to specifically target future inpatient recovery funding (due in financial quarters three and four) by undertaking this additional work.

Another issue is that we traditionally fill up our elective bookings and we then frequently cancel surgery when acute pressures or bed block lead to demand exceeding available supply (either of theatre time or available beds). Post COVID we deliberately put 16 additional hours of acute theatre capacity per week back into the system (we took this from available elective capacity with a bit of resistance, but eventual agreement from our surgical teams). We were anticipating that this would improve the flow of patients and lead to less cancellations as pre-COVID our cancellations were primarily due to acute demand exceeding available capacity. This worked well in July. However, subsequent to July we have had various bed access and nurse shortage issues as we have previously described, and these have eclipsed the improvements and led to higher levels of cancellation than before. Aside from addressing the broader bed access and nursing pressure issues we should now also consider whether a better option for booking is to book the elective lists (say) three-quarters full and implement a robust system for short notice elective cases to be added where theatre gaps materialise, and beds are available. This approach would certainly reduce the number of patient cancellations which are disheartening for all involved (particularly the patient and the service manager), but it does run the risk of lower overall

theatre utilisation and therefore lower overall case numbers completed (e.g. if we only had a finite number of cases that could be worked up as short notice cases) so it does need to be carefully thought through.

10. Equity Analysis – Specialist Services

Further to our initial, rudimentary analysis of first specialists appoints which indicated that Pasifika patients appear to get almost one third less referrals accepted at triage relative to their share of the population the Specialist Services team and the Māori Health Strategy and Improvement team are looking at ways in which they can work together on starting to improve our understanding of why the referral and corresponding acceptance rate for our Pasifika population appears to be lower than other populations. This work will require wider engagement including with our primary care partners where we believe health literacy and general practitioner (GP) enrolment are likely to be a factor in the under-representation we see for first specialist appointments in the hospital.

In particular we are also starting a programme of work to review both Māori and Pasifika access to our cardiology and respiratory services, relative to their share of the population. This is a particularly good service to look at from the perspective of equitable access and equitable outcomes. We will provide regular updates in this section of our Hospital Advisory Committee report.

11. Outpatients Performance (ESPI 2)

We are continuing to monitor our work programme which is focused on reducing the number of ESPI 2 breaches (patients who have had to wait over 120 days for an outpatient appointment). We achieved good performance in the period immediately after COVID, dropping from circa 2,600 breaches to circa 1,100 breaches from June/July to October. Per the chart below, progress continued into November and we are now breaching at circa 900 breaches across all specialities. This represents good post COVID performance but has had to be achieved with minimal access to recovery funding. We have now been advised by the Ministry of Health that the funding tagged to outpatients will now not be paid until the end of the financial year. Given the uncertainties that this is creating for us we are being deliberate to only invest recovery in our key risk areas for now, which we have identified as follows:

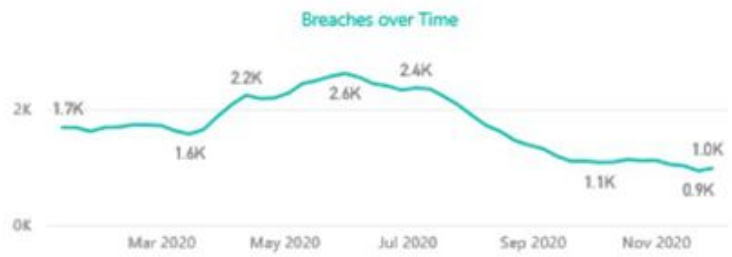
- Obstetrics and Gynaecology in Southland
- Medical Oncology in Dunedin (district wide service)
- Radiation Oncology in Dunedin (district wide service).

For the above specialties we are taking deliberate steps to incur unbudgeted locum costs on the basis that we will fund those costs from the trajectory funding we will now not receive until the end of the financial year.

Our ESPI 2 recovery performance has been good up until the end of November but is now starting to tail off. Over the Christmas and New Year period we traditionally accept referrals (based on need) at a higher rate than we can supply clinic services (due to relatively high rates of leave in late December, January and February). We are therefore anticipating a level of deterioration going into the New Year. Initiatives which are in place, underway or will be put in place once promised funding is made available are as follows:

- Use of the Ministry of Health prioritisation tool. The prioritisation tool continues to be used to ensure we safely match incoming demand with our ability to supply clinics in our Urology (Dunedin), Orthopaedics (Dunedin) and General Surgery (Southland) services. We have also rolled out the tool in General Surgery in Dunedin. As General Surgery in Southland has lost some capacity due to retirement, we will now review the acceptance threshold in that service so that we do not accept more referrals than we have capacity to see and therefore start to accumulate backlogs in that service.

- Obstetrics and Gynaecology in Southland have agreed to use the tool to enable us to gauge the extent to which we are under-staffed there (and therefore unable to complete colposcopies, follow-up clinics first specialist appointment clinics and accept first specialist appointments (FSAs) at the rate at which we can see them in clinic without adding to backlog). This will be achieved by identifying the score at which we could safely and appropriately decline referrals and return them to the GP compared to the score we would have to apply to do so with the current incoming demand. The difference translates into our capacity deficit.
- Our Ear Nose and Throat (ENT) services have agreed to start trialling the prioritisation tool in these services as well.
- Once we have confirmed the funding the Ministry awarded us as part of the initiatives we successfully bid on, we will put further resource into the roll out of the prioritisation tool and seek to systematically apply it to all of our surgical specialties. The tool is important as it allows us to stratify (prioritise) all referrals, understand where we can safely draw the line and allows us to adjust our referral practices to respond to events such as resignations and vacancies which reduce the capacity available within the service.
- Our Planned Care Planning Manager has been to Southland and is systematically working across all specialities to ensure that we are booking our first specialist appointments on an 'acuity' basis. The acuity basis takes into account the severity of the condition and the amount of time waiting when compared to the clinically indicated date. This then produces a priority order which the booking teams can systematically book from which appropriately balances the severity of the condition with how long individual patients have been waiting for their appointment.



As our Medicine and Women's and Children's Health Directorate is either at ESPI 2 compliance or close to it for most of its specialities now (with the exception of Obstetrics and Gynaecology in Southland) we will be progressing with a new approach in 2021. At our weekly review meeting we are reviewing every patient that has waited longer than the four month target and seek to take action to ensure that they are booked into the next available appointment slot. Surgical and Radiology are not yet at the point where we can apply this level of detail in our weekly meetings (as the overall number of breaches is still relatively high). However, as the prioritisation tool starts to bed in across all specialities in this service, we plan to apply a similar approach there, too.

12. Emergency Departments

The new ambulatory area (formerly known as 'fit to sit') was commissioned in mid-November, offering 6-8 chairs as a much needed initial expansion of the available Emergency Department (ED) facilities. Now that the medical assessment unit has been agreed to by the Board as part of the 'Enhanced Generalism plus Medical Assessment Unit' business case, it is now imperative that we implement this initiative as quickly as possible. As well as enabling us to maximise the benefits from enhanced generalism, the improved flow in the ED and rate of discharging that does not require an inpatient ward admission will enable us to reduce pressure on both our ED and our inpatient wards. The team have had an initial meeting with our General Manager for Building and Property and our Procurement Manager, and in early 2021 a steering group will be established to de-cant the medical assessment unit space as quickly as possible. The team are also investigating procurement

/ construction contracting options that will allow us to rapidly gut the facility assess what is there (e.g. in terms of asbestos) and then quickly cycle through any containment and construction works that are required.

In Southland there is significant tension, presentations to ED are very high, amongst the highest per capita when looking at Health Round Table Benchmark information, and admission rates according to the Health Round Table data is by far the lowest of all benchmarks. Some debate the data, and this must be addressed, however it is clear that there is a very high per capita presentations, and many of these are primary care level presentations. There is confusion as many assume this relates to after-hours services, however the majority of primary care level presentations are indeed in hour presentations, addressing after hours alone will not address the issue but it also requires the DHB and WellSouth to work together to genuinely tackle access to timely affordable and accessible in hours primary care services. Staff are under significant pressure and with the volume of attendances there is huge facility pressure creating bottlenecks and increasing risk. It is likely that the solutions required will need both change in primary care and potentially modifications to the ED physical space. We ran a workshop to determine what needs to be done to address chronic ED space issues, which included the Internal Medicine Clinical Leader and the ED Clinical Leader, together with key people who have formed our reference group to date. We concluded from the workshop that our first priority is suitable existing ED spaces, our second priority is a suitably sized medical assessment space and our third priority is additional ED space. Anything we propose will tackle the issues in this order. It should be noted that this prioritisation occurred without consideration of other space in the hospital. At a recent senior medical officer (SMO) meeting across the hospital opinion was divided as to whether the first priority should be to increase inpatient bed capacity or increase ED capacity, and this needs to be worked through. There is physical space available in the AT&R unit (circa 12 beds) which have not been resourced. If a decision is made to increase physical capacity this space would be the easiest to stand up but may not necessarily be the right solution

As noted earlier in this report, a significant amount of pressure has been felt in the ED recently with what has felt like high presentation rates, particularly in Southland.

The following pivot tables show data extracted from our Power BI data sets. They show that:

a. For the month (to date) in December, daily ED presentation rates in Southland have been 127. This compares with daily average presentation rates for the months from July to November of only 108, i.e. a notable uptick.

b. For the month (to date) in December, ED presentation rates in Dunedin have been 129. This compared with daily average presentation rates for the months of July to November of 126, so the uptick does not appear to have been as marked in Dunedin as for Southland.

Bearing in mind that we would normally expect to see daily presentation rates drop post winter, there appears to be ongoing demand on both our EDs and in the case of Southland, the December to date daily presentation rate is significantly up on the prior months and actually above the average monthly presentation rates for Dunedin for July to November, despite serving a population of half that of Dunedin.

Southland ED	Triage						
Average by Mont	1	2	3	4	5	6	Overall Avg
July	1	12	45	43	3	1	106
August	1	14	44	47	5		111
September	1	11	43	41	5		102
October	1	11	42	46	5		106
November	1	12	48	46	5		113
December	2	13	51	57	4		127
Grand Total	**1**	**12**	**45**	**45**	**5**	**1**	**111**

Dunedin ED	Triage					
Average by Mont	1	2	3	4	5	Overall Avg
July	2	20	47	51	7	127
August	2	19	48	54	8	131
September	2	19	45	51	9	125
October	2	20	47	49	6	124
November	3	21	44	50	8	125
December	4	24	41	51	9	129
Grand Total	**2**	**20**	**46**	**51**	**8**	**127**

During the month we also took the opportunity to invite the WellSouth Chief Executive to discuss the data that he has in his own Power BI dashboards with a group of Southland stakeholders and he has subsequently provided us with access to the dashboards.

Previously it was reported that a significant number of presentations to ED in Southland were not enrolled with the primary health organisation (PHO). Data that has been developed by the PHO shows a different story however as below:

SOUTHLAND ED					
PRESENTATIONS BY PHO ENROLLMENT					
	2016	2017	2018	2019	2020 (9 months)
WellSouth	28,128	32,957	33,359	35,859	26,254
Not Enrolled	1,827	2,314	2,201	2,036	1,372
Enrolled Elsewhere	1,175	1,469	1,415	1,312	897
	31,130	36,740	36,975	39,207	28,523
WellSouth	90.4%	89.7%	90.2%	91.5%	92.0%
Not Enrolled	5.9%	6.3%	6.0%	5.2%	4.8%
Enrolled Elsewhere	3.8%	4.0%	3.8%	3.3%	3.1%
DUNEDIN ED					
PRESENTATIONS BY PHO ENROLLMENT					
	2016	2017	2018	2019	2020 (9 months)
WellSouth	31,068	39,389	37,678	40,147	27,345
Enrolled Elsewhere	3,236	3,801	3,731	3,843	2,662
Not Enrolled	2,592	3,398	3,286	2,971	1,720
	36,896	46,588	44,695	46,961	31,727
WellSouth	84.2%	84.5%	84.3%	85.5%	86.2%
Enrolled Elsewhere	8.8%	8.2%	8.3%	8.2%	8.4%
Not Enrolled	7.0%	7.3%	7.4%	6.3%	5.4%

These numbers demonstrate that the vast majority of patients presenting to ED do have a GP, the reason for why they attend ED as compared to attending their GP needs to be genuinely worked through. The mere fact that you are enrolled does not necessarily mean you can get timely access to your GP however we truly need to work through these issues genuinely to ensure that patients prioritise maintaining an ongoing relationship with their GP rather than going to ED for primary care level needs. Dunedin numbers are lower however given the fact that Student Health is not funded through the PHO and students who present to ED will generally either be not enrolled in a PHO or enrolled in the PHO from their home.

13. Gastroenterology

Some good initial progress has been made as we focus our efforts on colonoscopies. These improvements can be summarised as:

- Endoscopy Oversight (Endoscopy Oversight Committee)
- Colonoscopy review processes
- Colonoscopy reporting

- Colonoscopy digital referral enhancements.

In terms of the Endoscopy Oversight Committee, having an external, impartial and reputable Chair has made a significant and important change in terms of aligning our Gastrointestinal (GI) Specialists and other stakeholders, and we have had good feedback from a number of these stakeholders about the direction these meetings are taking.

In terms of the colonoscopy review process, we have now documented the process flows and are having initial meetings to establish how to strengthen these and understand the impact of any changes. Initial work has occurred to determine the role that a Referral User Group (RUG) would have in managing the second review process (which referrals are put through if they are initially declined during triage). Processes are already in place and appear to be working, and we may refine our thinking from requiring a RUG to ensuring that regular reporting is in place and reviewed to ensure that referrals are appropriately stepped through the second review process, and the final outcome for the referral is recorded in a manner that enables the history of the referral to be identified as required. We will discuss the concept of the RUG further at the Endoscopy Oversight Committee and gain agreement on the way forward prior to making final decisions about the RUG and the role we need this to play in the future.

In terms of Colonoscopy reporting, a new code has been introduced for colonoscopies so that their wait list can be separately identified in our patient administration system. This will enable us to differentiate colonoscopies in a number of the reports we want to build over time.

A number of reports have now been constructed in our 'Power BI' dashboard reporting system and these can all be refreshed at the push of a button. There are some data integrity issues that we are still working on, so please bear this in mind when reviewing the following reports. We have attached some examples of the reports that we have built for information.

Real Time Wait List

This report has been developed to replace the five reports and manual process we have previously had to work through in order to produce a report showing the status of our colonoscopy wait list. Per previous reporting, it shows a breakdown of urgent, non-urgent and the other categories and shows the number of patients waiting, the average and median wait times, the shortest wait and the longest wait.

We have asked for the following enhancements to be made to this report:

- Remove the median and shortest wait rows to make the report easier to read.
- There appears to be a data quality issue in the source data for the longest wait time for surveillance colonoscopies (highlighted in yellow). This is currently being worked on and the report will be enhanced to report this correctly. In some cases, the wait time also reflects planning or patient requests for delays. We will investigate whether we can categorise these as planned in the future enhancements we make to this reporting so that the wait does not give the wrong impression about how long it has taken to complete the scope.

Overall, the report gives us the ability to see the status of the colonoscopy wait list at a glance for each site. Reporting by site helps us to see whether there is variation in the service we are able to supply on each site and where there is a significant variance will enable us to target any future investment to where the need is greatest. We have been requested to provide a consolidated report as well and will include this in the next release.

Real time waitlist

Hospital	No of Waiting Patients	Average waiting time	Median Wait time	Shortest Wait	Longest Wait
Dunedin					
Diag Urgent	1	4.00	4.00	4	4
Diag Non-Urgent	82	19.41	14.00	1	95
Diag Planned and Staged	54	33.93	29.50	4	127
NBSP	15	11.47	4.00	1	99
SURV	315	93.45	84.00	-2	738
Southland					
Diag Urgent	2	4.00	4.00	1	7
Diag Non-Urgent	53	28.26	21.00	3	148
Diag Planned and Staged	25	32.36	25.00	2	137
NBSP	13	13.08	4.00	1	78
SURV	425	167.09	162.00	-2	875

Maximum Wait Time Breach

This report shows the number of patients waiting outside of the Ministry indicated timeframe for each category. As can be seen from the report, we have a high number of routine surveillance patients waiting outside of the timeframe due to the backlogs that developed when we stopped scoping during COVID. This is one of our focal areas in our recovery plan. We have been asked for trend reporting (to show the progress being made over time) and will look to include this enhancement in a future release. We have also been asked to investigate whether we can report on what the average length of the wait was for those patients who breached the indicated timeframes before they got a scope and will look at incorporating this in a future release, too.

Maximum Wait time Breach

Hospital	Urg >30	Non urg >90	SURV >120	NBSP > 45
Southland		2	255	1
Dunedin		1	94	1
Total		**3**	**349**	**2**

Referrals Received

This report tells us how many referrals have been received on a weekly basis (note that the colonoscopy / flexible sigmoidoscopy filters have been turned on for this report).

Referrals received

Start of Week	Dunedin	Southland
8 November 2020	17	13
15 November 2020	27	25
22 November 2020	21	15
29 November 2020	24	8
6 December 2020	3	1
Total	**92**	**62**

We have also produced a report which tells us how many scopes were seen / done on a weekly basis, as follows. We are in the process of enhancing these reports. Details of our planned enhancements are below.

Endoscopy Seen/ Done - Minus Surveillance

Hospital	Dunedin						Southland						Total
Start of Week	Diag Urgent	Diag Non-Urgent	Diag Planned and Staged	NBSP	SURV	Total	Diag Urgent	Diag Non-Urgent	Diag Planned and Staged	NBSP	SURV	Total	
28 June 2020	3	4	3	6	22	38	2	7	3	2		14	52
5 July 2020	5	17	12	4	28	66	4	13	1	3	6	27	93
12 July 2020	5	12	9	15	17	58	1	17		4		22	80
19 July 2020	5	29	2	5	13	54	1	18	10	3		32	86
26 July 2020	6	15	11	11	16	59	5	22	7	2		36	95
2 August 2020	4	29	7	7	10	57	4	15	6	7		32	89
9 August 2020	9	17	8	6	14	54	5	16	3	3	16	43	97
16 August 2020	8	13	13	8	13	55	2	6	9	7		24	79
23 August 2020	4	17	8	18	8	55	4	4	8	4		20	75
30 August 2020	9	14	11	8	20	62	2	15	5	4		26	88
6 September 2020	3	14	13	14	22	66	5	17	5	4	8	39	105
13 September 2020	4	14	11	9	11	49	6	12	4	4		26	75
20 September 2020	5	15	6	13	16	55	3	10	12	8		33	88
27 September 2020	6	23	6	13	8	56	1	7	8	8		24	80
4 October 2020	7	30	8	13	10	68	5	16	5	5	9	40	108
11 October 2020	1	17	5	7	23	53	3	9	12	5		29	82
18 October 2020	7	25	10	8	15	65	3	8	14	3		28	93
25 October 2020	6	9	5	9	12	41	2	3	3	4		12	53
1 November 2020	3	19	17	6	34	79	1	17	5	4		27	106
8 November 2020	3	32	8	9	20	72	4	14	2	4	13	37	109
15 November 2020	3	16	10	8	21	58	1	10	7	7	2	27	85
22 November 2020	2	21	5	8	30	66	3	14	5			22	88
29 November 2020	3	21	5	12	15	56	3	16	1	6		26	82
6 December 2020	4	20	11	13	20	68	1	2	2			5	73
Total	115	443	204	230	418	1410	71	288	137	101	54	651	2061

We are working on a single report which consolidates the above reports. We will then have a single report to tell us (on a weekly basis), how many we received, how many we scoped and therefore what the net addition to the wait list was for that week. This will become a key operational report which we can consolidate into a monthly view to explain our demand and supply situation on a weekly, monthly, quarterly and annual basis.

Performance Against Ministry Target

The following report demonstrates our monthly performance against the key Ministry targets for colonoscopy:

Performance on Ministry Targets

Region	Dunedin					Southland				
End of Month	Diag Urgent 14 days	Diag Urgent 30 Days	Non Urgent 42 days	Non Urgent 90 Days	NBSP	Diag Urgent 14 days	Diag Urgent 30 Days	Non Urgent 42 days	Non Urgent 90 Days	NBSP
Friday, 31 July 2020	94.59%	100.00%	82.22%	92.78%	96.67%	80.95%	100.00%	56.94%	61.11%	93.10%
Monday, 31 August 2020	86.11%	100.00%	78.82%	95.29%	97.26%	85.71%	95.24%	73.83%	88.79%	97.30%
Wednesday, 30 September 2020	87.88%	96.97%	83.33%	98.96%	97.22%	94.44%	100.00%	81.75%	97.62%	94.29%
Saturday, 31 October 2020	92.31%	100.00%	83.08%	98.01%	96.49%	88.24%	94.12%	86.52%	98.88%	96.88%
Monday, 30 November 2020	100.00%	100.00%	78.69%	99.18%	98.15%	100.00%	100.00%	45.90%	96.72%	100.00%
Thursday, 31 December 2020	100.00%	100.00%	82.86%	97.14%	95.65%	100.00%	100.00%	82.35%	100.00%	100.00%

We have requested the following enhancements to this report:

- Show the performance and the target and the variance (performance versus target).
- Show a consolidated picture (Dunedin and Southland) which reconciles with what we report to the Ministry.

14. Primary Maternity Facilities

The first two of four workshops, run by an independent facilitator, with midwives from Central Otago and Wanaka were held in December. The workshops were well attended and the DHB project team has undertaken to now further develop the design principles and ways of working that were co-created during the workshops ahead of the next workshops scheduled for 10 and 11 February. These workshops aim to agree a high-level model of care for the proposed new primary maternity facilities and to give the DHB assurance that there

is a workforce committed to staffing the units. It is anticipated that we will have a view in February 2021 if this can be achieved.

A business case for the associated capital spend cannot be progressed until there is confirmation of a two-unit plan. If this is not confirmed, a paper will be prepared for the March Board meeting asking them to consider the one unit options for progression to the business case stage. The Project Manager is meeting with the Ministry of Health representative to discuss the business case development process in mid-January.

An Expression of Interest (EOI) process seeking a service provider for the new unit(s) was released on the Government Electronic Tender Service (GETS) in December and closed on 11 January 2021. With the support of the procurement team, the next stage is to progress to an RFP process. The timing of this process will be aligned with the outcome of the workshops and a final single or two unit decision taken by the Board.

15. Measles Catch Up Campaign

The local communications campaign commenced as planned on 6 December 2020. The local campaign webpage went live on Southern Health, along with a secure form for uploaded historic immunisation records. Local influencers were identified, and nine (including one group) champions participating in promotional videos and photos for the social media campaign. The 12 videos produced will be used on YouTube as targeted advertisements to all 15-30 year olds in the Southern district over the summer.

As of 1 December 2020, we have 20 participating pharmacies across Southern, a Geomap of which pharmacies are participating has been set up on the website. Local radio advertisement will run from 18 December 2020 through to 1 February 2021 on 'The Edge'.

WellSouth completed data analysis, which identified that 55,324 of the current 73,254 projected eligible 15-30 year olds in Southern are enrolled in primary care. Of the 17,930 non enrolled target population 15,490 of these are based in Dunedin, and therefore likely to be the tertiary student population. Phase three of the Southern campaign will see targeted vaccination clinics in tertiary institutes commencing in February 2021.

The implementation plan has been converted to a plan on a page.

16. Prioritisation of Equity Funding

A follow up equity funding meeting was held on 15 December with Iwi Governance Committee (IGC) representatives and the three Māori board members to discuss funding priorities. The $800,000 increase in funding was approved by the Board for the 2020/21 financial year. Principles for approving this funding and then discussion around prioritisation based on the IGC Annual Plan priorities previously identified as part of the 2020/21 Annual Plan planning process were discussed. There was general agreement that the additional investment would focus on the following funding priorities:

- Kaupapa Māori Health Provider acceleration
- Māori Cancer Nurse Specialist Position
- Māori Child Health, Clinical Nurse Specialist Position
- Māori health workforce development.

Kaupapa Māori Health Provider acceleration

There was consensus from IGC that a proportion on this new equity funding ought to be expended with our kaupapa Māori health providers. It is proposed that this investment is aligned to IGC identified priorities around long term conditions, cardiac, diabetes and the incentivised enrolment of Māori into general practice. It was proposed that we roll out a

contestable process based on the following agreed objectives and across the three geographical localities Otago, Southland and Central Otago. Success measures for this work area will include an increase in Māori patient enrolments, increase in cardiovascular disease risk assessment (CVDRA) assessments and management, and diabetes annual reviews. There was consensus that the Māori Health Provider contracts should be retendered in 2021/22 to align with IGC health priorities and for the purposes of enhanced reporting and accountabilities.

Māori Clinical Nurse Specialist Positions

There was consensus to establish a Māori Cancer Nurse Specialist Position. The position would work to reduce the 62 day faster cancer treatment target for Māori patients, investigation into equity in access and equity in outcome for Māori cancer patients. The position would enhance service integration across the community, primary, secondary, and tertiary sectors with a focus on health literacy, prevention, and early intervention, with examples such as Primary prevention and education with Māori communities, their whānau and the kaupapa Māori provider sector. Analysis of district Māori cancer data, quality indicators and capturing patient and whānau stories and provide oversight and support for establishing a Māori woman's human papillomavirus (HPV) self-sampling cervical cancer screening programme.

There was consensus to establish a Māori Child Health Clinical Nurse Specialist position. This position will reduce child health outcome disparities. Promoting effective care and support for Māori children and their whānau across personal health and disability services. The role would support national, regional, district strategies and implementation plans specific to the health needs of our local population and would have a focus on the first 1,000 days.

Māori Health Workforce Development

There was consensus to develop a Māori workforce development programme in collaborate with workforce development agencies, universities, polytechnics and health organisations. A business case will be worked up by the Māori Health Leadership Team for consideration in early 2021.

17. COVID-19 Māori Communities Outreach and Support – Māori Health Support Request for Proposal

The Southern DHB is progressing contracts for the COVID-19 Māori Communities Outreach and Support fund. The closed RFP went out to contracted DHB Māori providers who will assist Māori communities in the Southern region affected by COVID-19. The funding is designed to be flexible for services and resources as needed to keep Māori whānau and communities and especially kuia and koroua healthy and independent during the COVID-19 outbreak. Services may include outreach and wrap around support, taking a holistic model of care in line with kaupapa Māori principles. An approval committee has considered all the applications and we are currently in negotiation with the providers in our attempts to expend this resource which was over prescribed within the funding that was available.

18. Oral Health

The Chief Māori Health Strategy and Improvement Officer (CMHSIO) participated in a meeting with Te Kaika, Otago University and the Southern DHB looking at dental services. The meeting initially discussed the practical issues associated with the possible use of the Te Kaika dental chairs while not being used in our attempts to deal with a backlog in child cases as a result of COVID-19. Te Kaika medical centre has three dental chairs developed in collaboration with the dental school at the University. The availability of these chairs has been agreed to by the University in consultation with Te Kaika. The meeting then went into the wider issues of Māori and dentistry, the need to develop a practice that might be a public private partnership opportunity and the serious issues associated with Māori dental care.

The group will meet again in early 2021 and will explore other iwi led dental initiatives and options for funding.

19. Southern Community Labs (SCL)

The CMHSIO has maintained a relationship with SCL and has taken up an opportunity to collaborate on a registration of interest (ROI) process titled 'Telehealth and Digitally Enable Health Services for Primary and Community Care'. The ROI brings together digital and telehealth tools to support a mobile test and a clinical treatment service for Hepatitis C patients. The ROI plans to use laboratory and primary care data to identify the at risk populations. A mobile telehealth tool to support patients in the direct contact with clinical staff will be selected from available tools and deployed in response to the COVID-19 pandemic needs. Point of care testing integration software which allows remote oversight and management of the technology and capture results and patient data has been deployed during the COVID-19 pandemic period and is now a routine application. It is proposed that WellSouth will collaborate in this ROI with view to the project partly being deployed in the Southland community. The ROI close date was extended to 11 January 2021 and we await an outcome.

20. Building Capacity with Kaupapa Māori Health Providers

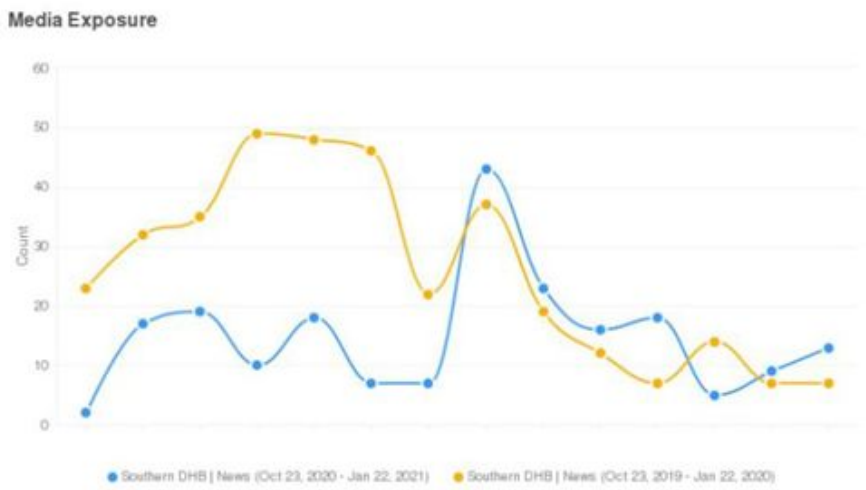
The Māori Health Directorate continues to work in partnership with kaupapa Māori Health Providers to understand the health and social needs of their enrolled populations. This year we have worked closely with the providers and Population Health to build provider capability and capacity with vaccinations. Kaupapa Māori Health Providers with Registered Nurses have received training as vaccinators with support from the Southern DHB Immunisation Coordinators. Immunisation Contracts for identified providers is in the process of being completed. This will allow kaupapa Māori Health Providers to vaccinate following the NZ Immunisation Schedule and for special projects such as the COVID-19 vaccine.

21. Southern DHB Safe Sleep Programme - Wahakura

Southern DHB services, Hapai te Hauora and weavers from the Māori community launched wahakura in the Southern district in December 2020. Wahakura are traditional Māori baby beds woven from flax which are designed to be used as a safe sleep option. Trained distributors from Southern DHB and local community health and social agencies provide the wahakura to whānau across the Southern district, while educating the whānau on safe sleep message and infant care principles. Two woven wahakura were presented to Hokonui Rūnanga.

22. Communications

Volumes of daily media mentions have been quiet over the holiday period. Areas of interest over the past month have included preparation for any outbreaks of COVID-19 over the holiday season, and the need to reschedule elective surgery due to the busyness of our EDs.



Two significant campaigns occurred over the summer period, both achieving strong audience engagement.

The measles campaign promoted immunisation for measles to 15-30 year olds. While a national campaign was also underway, Southern DHB developed a targeted campaign for our district, built around a team of community champions promoting this immunisation effort. Eight videos were created, promoted online through Facebook and YouTube, including local sporting figures, community members reflecting our target audiences, and the national ice hockey team. In addition, 428 radio advertisements have played to date across the district. Reach and engagement stats from the online campaign to date show over 277,000 YouTube impressions, plus a further 359,000 impressions on Facebook. Facebook click-throughs occurred at a rate of 0.6%, above the industry standard of 0.4%.

One of the most engaging videos featured Southland farmer Tangaroa Walker (click through rate of 1.18%), who had not been immunised as a child and allowed us to film him receiving his vaccine at the same time as his toddler son.
https://www.youtube.com/playlist?list=PLszjXaKhCDYCH8k1kI7Vhf_NYhCXi4ZVd

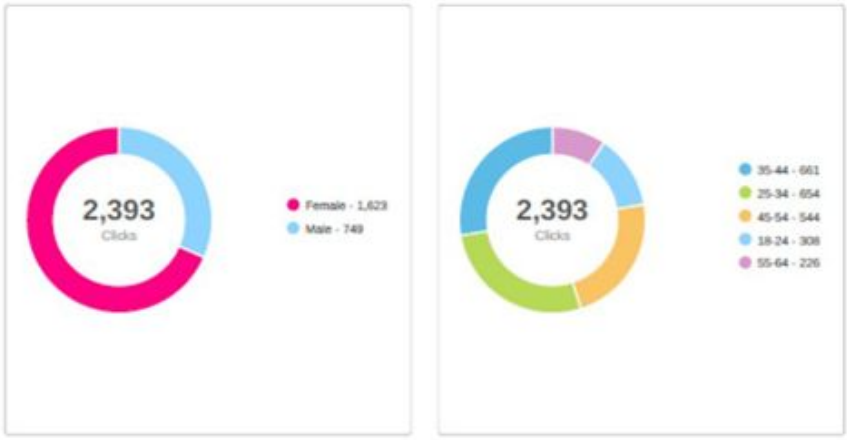
We sincerely thank all of our community champions for supporting this campaign.

Please note, if you didn't see this campaign, it is probably because you are not aged between 15 and 30 years old. You can find all the videos on the Southern DHB Facebook page.

Over the summer period, we also carried out a dedicated COVID testing promotion to complement the national 'Make Summer Unstoppable' campaign. Targeting visitors to our district over the holiday, the goal was to ensure awareness of how to be tested, should symptoms develop. The campaign ran across radio, Google display ads, and Facebook, as well as banner ads on local news and event apps. 859 radio advertisements have aired to date across the district. Medical Officers of Health also undertook media interviews to promote this message.

On Google, the advertisements 2.05 million impressions, with a further 240,000 on Facebook. The click-through rate for both environments was a pleasing 1.0%, especially as this was not a goal of the campaign – all of the information was contained within the static advertisement, so no further engagement was required, unless users were actively seeking further information. Those who clicked through on Facebook were more likely to be women, and engagement was well distributed across age groups.

Both campaigns continue until the end of January 2021.



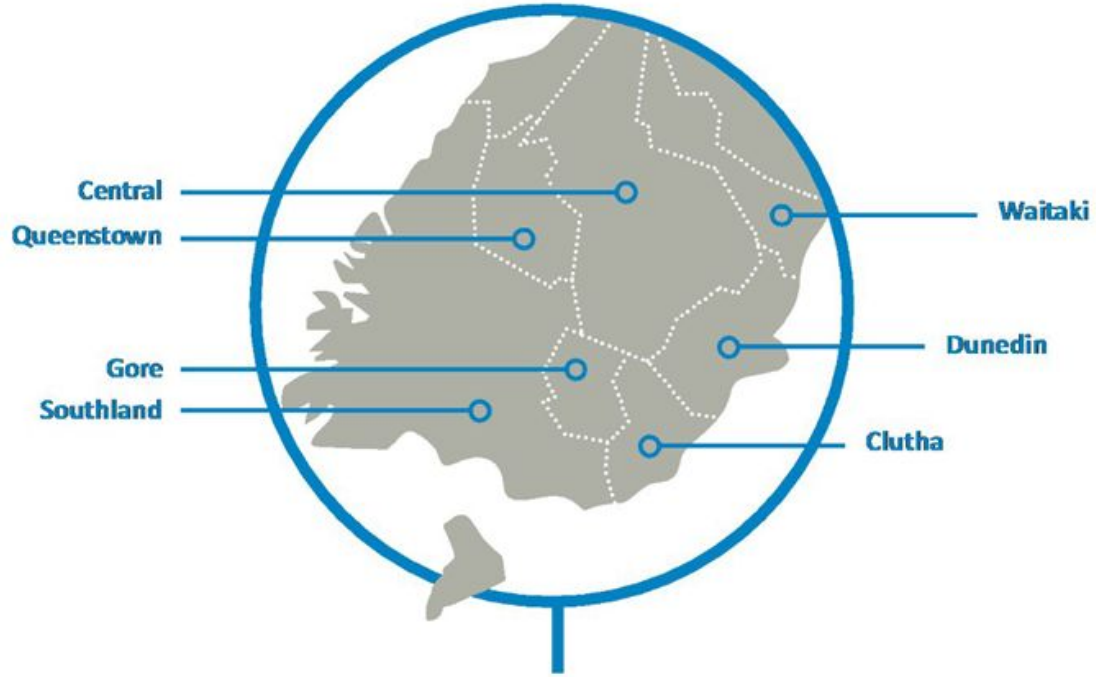
Chris Fleming
Chief Executive Officer

26 January 2021


Change – A Work In Progress
Better Lives, Better Health, Whānau Ora
Southern Health
He hauora, he kuru pounamu

Our population

- 341,310 residents
- 17.3 % aged 65 and older
- 80% European, 11% Māori, 7% Asian, 2% Pacific
- 77,331 presentations to ED
- 3,439 babies born
- 12,756 elective procedures
- 4,993 staff employed



62,356km²

We are the DHB in New Zealand with the largest geographical area

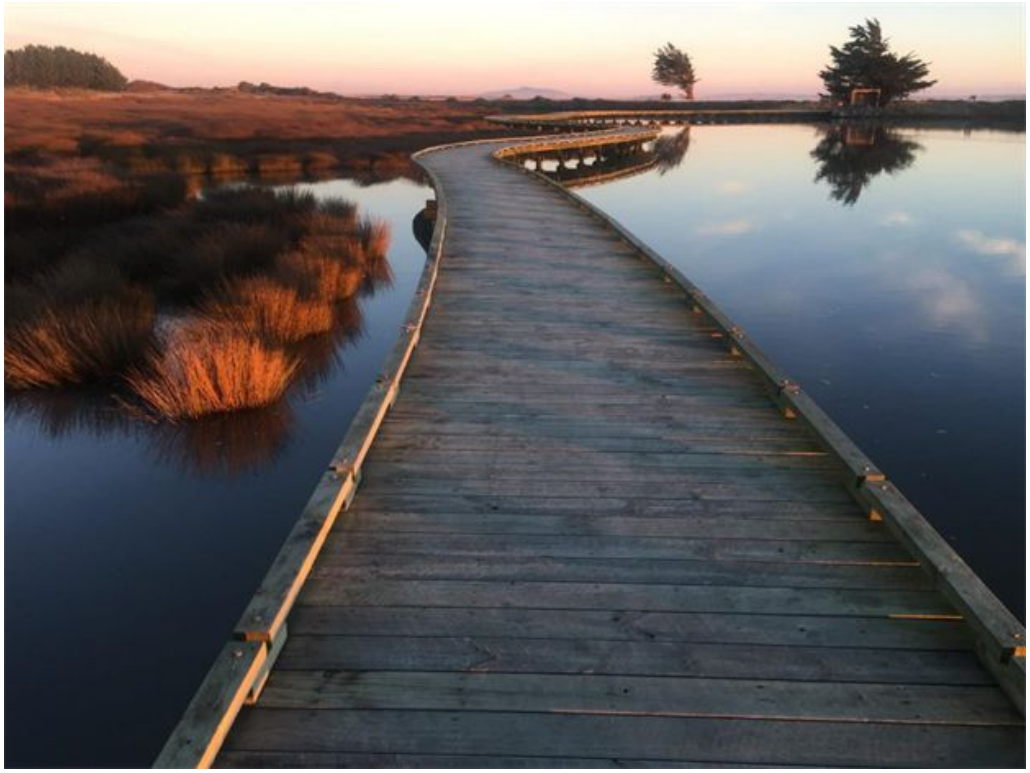
South Island Outcomes Focus

- We target equitable outcomes for all regardless of their culture, background or circumstances.
- We commit to common outcomes, but support service delivery configured to the needs of the local community.
- We remove barriers to integration

South Island Priority:
A Sustainable, Efficient, Effective System:

- We design services that are primary care and/or community based unless people need to be in a hospital.
- We develop services that are clinically, financially and environmentally sustainable.
- We value peoples' time.
- The whole system feels seamless to those within it and using it.
- We ensure effective utilisation of all our resources.
- We eliminate system design flaws that result in harm and minimise harm to the patient as they receive services.
- We release hospital-based clinicians' time to both support community-based care, and ensure people receive timely and appropriate complex care

Southern's journey – 2016-2020



We focused on quality, safety, and unturning stones

We tackled reshaping overall health system and infrastructure

Southern Future
It's up to us

We asked our community and staff what was most important

We righted burning issues

Our journey – 2016-2020

- Developed integrated Primary and Community Care Strategy – roadmap for future
- Progressed New Dunedin Hospital – catalyst for change

- Uncovered and addressed service challenges including ophthalmology, urology, colonoscopy – focusing on ongoing quality improvements
- Invested in Intensive Care/ Critical Care
- Redeveloped Emergency Department and other spaces at Lakes District Hospital
- Redesigned primary maternity infrastructure across district
- Established a Community Health Council
- Reshaped Māori health leadership
- Renewed ‘Raise Hope’ - Mental Health and Addictions Strategy
- Developed programmes for staff appreciation, well-being, and strengthened culture

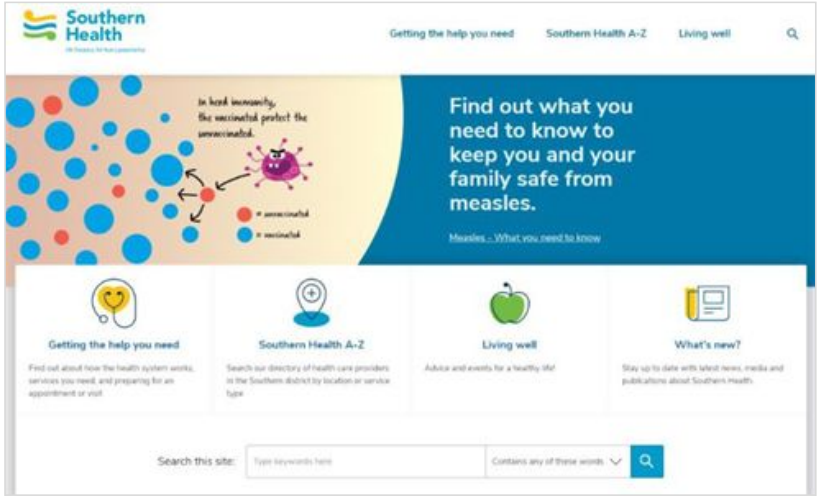
Our journey – 2016-2020

Health Care Homes now serving nearly 60% Southern's population.

RFP underway for developing Community Health Hubs

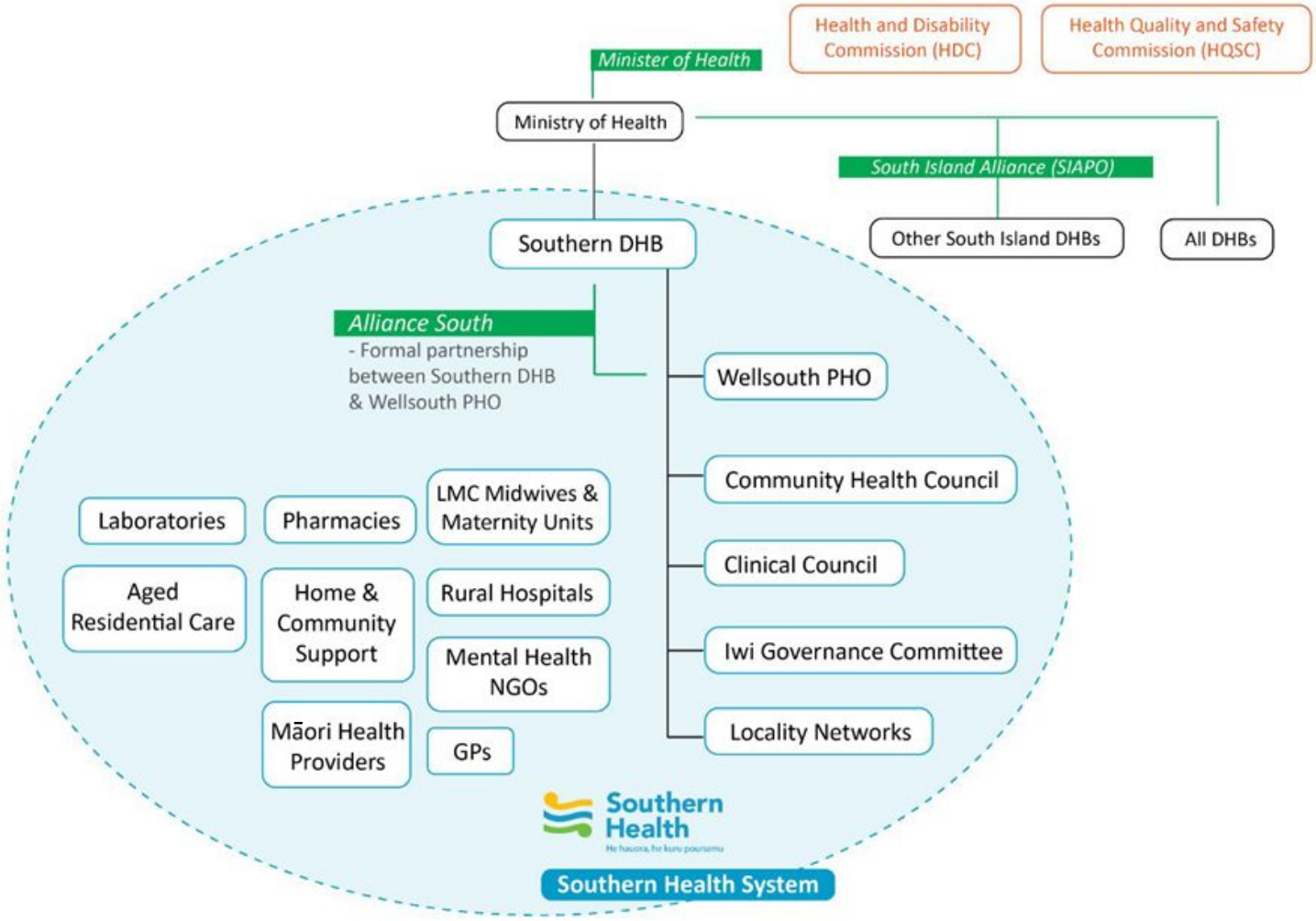
Central-Lakes Locality Network established

Patient centred, whole of health system website, logo and identity



One health system, working together

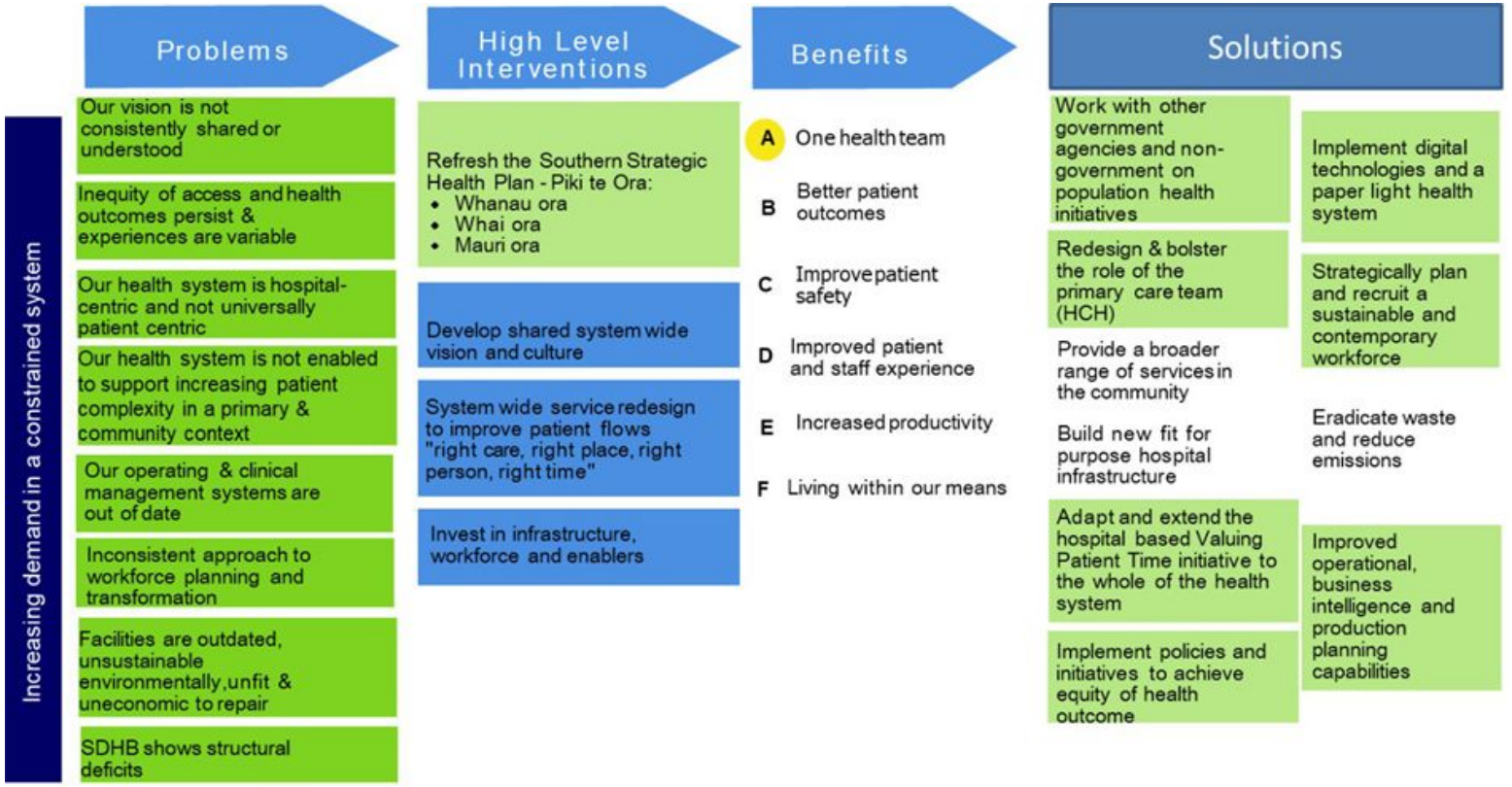
He waka eke noa



Kind Manaakitanga | Open Pono | Positive Whaiwhakaaro | Community Whanaungatanga

Investment logic map alignment

New Dunedin Hospital Benefits Realisation Plan



Kind Manaakitanga | Open Pono | Positive Whaiwhakaaro | Community Whanaungatanga

Our pathway towards enabling

Better health, better lives, Whānau Ora

What have our people asked for?*

Southern Future

It's up to us

- better coordinated care across providers, with less wasted time
- care closer to home
- communication that makes sense and is respectful
- a calm, compassionate and dignified experience
- high quality, equitable health services.

*Southern Future listening sessions, 2016

THE SOUTHERN STRATEGIC HEALTH PLAN

How will we get there?

Improving experience and outcomes:

Creating an environment for health
The environment and society we live in supports health and wellbeing.

Primary & Community Care
Care is more accessible, coordinated and closer to home.

Clinical service re-design
Primary and secondary/tertiary services are better connected and integrated. Patients experience high quality, efficient services and care pathways that value their time.

Enabling success:

Enabling our people
Our workforce have the skills, support and passion to deliver the care our communities have asked for.

Systems for success
Our systems make it easy for our people to manage care, and to work together safely.

Facilities for the future
Including Dunedin Hospital, Lakes District Hospital redevelopment and community health hubs to accommodate and adapt to new models of care.

By 2026:
We work in partnership to create a truly integrated, patient-centred health care system

A health-enabling society, within which we deliver:

More accessible, extensive primary and community care with the right secondary and tertiary care when it's needed.

So that our people:

- are healthier and take greater responsibility for their own health
- stay well in their own homes and communities
- with complex illness have improved health outcomes.

Southern Health
He hauora, he kuru pounamu

Kind - Manaakitanga | Open - Pono | Positive - Whaiwhakaaro | Community - Whanaungatanga

A health-enabling society, within which we deliver:

More accessible, extensive primary and community care with the right secondary and tertiary care when it's needed.

So that our people:

- are healthier and take greater responsibility for their own health
- stay well in their own homes and communities
- with complex illness have improved health outcomes.

Strong public health system supporting a healthy society

Models of care change – priorities

Improving experience and outcomes:

Creating an environment for health
The environment and society we live in supports health and wellbeing.

Primary & Community Care
Care is more accessible, coordinated and closer to home.

Clinical service re-design
Primary and secondary/tertiary services are better connected and integrated. Patients experience high quality, efficient services and care pathways that value their time.

Short term 2020-23

Equity everywhere focus
Strengthening public health functions

Community Health Hubs
Health Care Homes
Locality Network Planning
Urgent primary care (Southland)
Tier 1 Model of Care Changes

Mental Health review
End of Life Care
Cancer care changes
Frail elderly pathway and rehabilitation
Disability Strategy Implementation

Valuing Patients' Time
7 Day Hospital
Generalism/ Medical Assessment Unit (Dunedin)
Transit care
Criteria Led Discharge
Collaborative Workspace
Central booking systems

Medium term 2023-26

Continued rollout of Primary and Community Care strategy

Rural hospital network

Commissioning outpatient building with new Models of Care

23 hour ward

Rehoming outsourced surgery

Central equipment and biomedical store

Longer term 2026-29

Primary birthing (New Dunedin Hospital)

Enabling success – priorities

Workforce strategy

Enabling our people

Our workforce have the skills, support and passion to deliver the care our communities have asked for.

Short term 2020-23

- Implementation of Whakamaua – Māori Health Action Plan
- Workforce Action Plan
- CCDM Full Implementation
- Workforce modelling/organisational demands
- Building capability/workforce gaps and analysis - Outpatients Building
- Culture/consultation action and metrics aligned with MoC
- Strengthened credentialling of regulated workforce

Medium term 2023-26

- Detailed modelling for Inpatients Building clerical work
- Consultation action and metrics
- Detailed modelling across Southern health system

Longer term 2026-29

Enabling success - priorities

Systems for success

Our systems make it easy for our people to manage care, and to work together safely.

Performance optimisation systems

Short term 2020-23

- Quality Improvement Framework
- Patient flow/Valuing Patients' Time programme
- SAFER
- Health pathways standardisation
- Timely access to imaging
- Theatre optimisation
- Business Intelligence Unit development
- Environmental sustainability
- Financial sustainability
- Hospital escalation plan

Medium term 2023-26

- Mature Asset Management Programme (align with FFE programme)

Longer term 2026-29

Enabling success – priorities

Digital Strategy

Systems for success

Our systems make it easy for our people to manage care, and to work together safely.

Digital Systems

Short term 2020-23	Medium term 2023-26	Longer term 2026-29
Digital transformation business case approval	To be populated on completion of Business Case	
Infrastructure planning NDH		
Implementation Planning & Initiation		
South Island PICS		
Telehealth		
FPIM		
HRIM		
Outpatient scheduling		

Enabling success - priorities

Facilities for the future

Including Dunedin Hospital, Lakes District Hospital redevelopment and community health hubs to accommodate and adapt to new models of care.

Short term 2020-23

New Dunedin Hospital programme

Old Dunedin Hospital – interim programme:
ICU Stage 2
CSSD redevelopment
Medical Assessment Unit

Southland site planning, incl:
5th operating theatre

Central-Lakes facilities For future, incl:
Facilities needs analysis
Maternity facilities - Central Otago
Queenstown private hospital utilisation

Out of scope services planning

Master Site Plan

Medium term 2023-26

Interprofessional Learning Centre migration planning

Outpatients building migration (2025)

Mental health facility planning

Longer term 2026-29

Realign the campus (OOS)

Inpatients building migration (2028)

Kind Manaakitanga	Open Pono	Positive Whaiwhakaaro	Community Whanaungatanga

Ensuring plans become actions – outstanding issues and focus areas

- Strategic refresh and alignment of action plan
- Programme discipline for deliverables – tools & change resource
- Looking beyond 18 months for Models of Care
- Capturing and measuring benefits

There is more to be done.

Naku te rourou nau te rourou ka ora ai te iwi – with your bread basket and my bread basket the people will live

He waka eke noa – we are all in the same canoe

He hauora, he kuru pounamu – Good health is a great treasure

Southern District Health Board
Piki Te Ora

Southern Health
He hauora, he kuru pounamu

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FOR APPROVAL

Item: Financial Report for the period ended 31 December 2020.

Proposed by: Julie Rickman, Executive Director Finance, Procurement & Facilities

Meeting of: Board, 2 February 2021

Recommendation

That the Board approves the Financial Report for the period ended 31 December 2020.

Purpose

1. To provide the Board with the financial performance of the DHB for the month and year to date ended 31 December 2020.

Specific Implications for Consideration

2. Financial

- Indirect financial consequences because this is reporting of financial performance.

Appendices

Appendix 1 Financial Report for the Board

Appendix 1: Financial Report for the Board

Southern DHB Financial Report

Financial Report for:	31 December 2020
Report Prepared by:	Finance
Date:	18 January 2021

Report to Board

This report provides a commentary on Southern DHB's Financial Performance and Financial Position for the month and period ending 31 December 2020.

The net deficit for the period ending 31 December 2020 was $3.6m, being $1.3m unfavourable to budget. COVID-19, Holidays Act and New Dunedin Hospital Accelerated Depreciation / Project Cost are significant contributors to the adverse variance and were explicitly excluded from our budget as stated in our 2021 Annual Plan. The Business As Usual (BAU) operating deficit was $(2.6) million compared to a budgeted deficit of $(2.3) million for the month and Year to Date operating deficit is $(7.7) million compared to a budget of $(5.8) million which is $1.9 million adverse to budget.

During December 2020, Revenue was $4.0m favourable to budget, including $1.0m for COVID-19 Surveillance & Testing funding, $0.7m for Improvement Action Plan, $0.5m for Mental Health funding, $0.5m for IDF funding and $0.2m for Measles Immunisation. The Expenses were $5.2m unfavourable to budget. Workforce costs were $2.2m unfavourable inclusive of $0.6m additional Holidays Act 2003 provision plus higher than planned leave accruals and overtime. Clinical Supplies were $2.0m unfavourable, reflecting higher treatment disposables and pharmaceuticals expenditure. Depreciation was $0.2m unfavourable due to accelerated depreciation on the old Dunedin Public Hospital. Provider Payments were $1.5m unfavourable, reflecting COVID-19 Surveillance and Testing expenses and higher Community Pharmaceuticals.

Financial Performance Summary

SOUTHERN DISTRICT HEALTH BOARD
Statement of Financial Performance
For the period ending 31 December 2020

Month Actual $000	Month Budget $000	Variance $000			YTD Actual $000	YTD Budget $000	Variance $000		LY Full Year Actual $000	Full Year Budget $000
				REVENUE						
100,226	96,305	3,921	F	Government & Crown Agency	592,941	578,231	14,710	F	1,089,019	1,155,951
925	877	48	F	Non-Government & Crown Agency	7,487	5,264	2,223	F	11,047	10,528
101,151	97,182	3,969	F	*Total Revenue*	600,428	583,495	16,933	F	1,100,066	1,166,479
				EXPENSES						
41,776	39,607	(2,169)	U	Workforce Costs	235,945	228,905	(7,040)	U	484,392	462,125
3,269	3,481	212	F	Outsourced Services	23,831	22,313	(1,518)	U	41,837	43,556
9,886	7,931	(1,955)	U	Clinical Supplies	57,080	50,066	(7,014)	U	99,345	96,871
4,871	4,945	74	F	Infrastructure & Non-Clinical Supplies	30,457	30,314	(143)	U	63,258	60,354
41,581	40,117	(1,464)	U	Provider Payments	247,376	238,352	(9,024)	U	466,737	474,021
3,330	3,397	67	F	Non-Operating Expenses	18,770	19,299	529	F	34,951	40,469
104,713	99,478	(5,235)	U	*Total Expenses*	613,459	589,249	(24,210)	U	1,190,520	1,177,396
(3,562)	(2,296)	(1,266)	U	**NET SURPLUS / (DEFICIT)**	(13,031)	(5,754)	(7,277)	U	(90,454)	(10,917)

Revenue (Year to Date)

Government and Crown Agency revenue includes additional funding for COVID-19, Primary Mental Health & Addiction and Community Pharmaceuticals. These revenue streams have a direct connection to expenditure. The accrual for the Capital Charge funding has been reduced to align with reduction in expense as Treasury reduced the rate from 6% to 5%.

Overall, Revenue is $16.9m favourable to budget year to date.

Expenditure (Year to Date)

Total Expenses year to date are $613.5m, which is $24.2m unfavourable to budget.

Outsourced Clinical Services are $1.5m unfavourable year to date reflecting additional costs incurred for delivery of the Improvement Action Plans.

Clinical Supplies are $7.0m unfavourable year to date for hospital clinical activity to deliver Business as Usual and the Improvement Action Plan. This included Treatment Disposables, Instruments & Equipment, Implants & Prostheses and Pharmaceuticals.

Provider Payments are $9.0m unfavourable year to date; this includes payments to NGOs supporting COVID-19 activity, including $5.4m COVID-19 testing in the community, $1.3m Mental Health & Addiction and $0.7m for Community Pharmaceuticals. Disability Support payments for Residential Care are $1.8m unfavourable, with higher than expected hospital level care patient volumes.

Year to Date Results – By Key Drivers

The Financial Performance includes unbudgeted expenditure outside the normal Business as Usual (BAU). The year to date Financial Performance table below indicates the split of financial performance across unbudgeted activities and Business as Usual (BAU).

SOUTHERN DISTRICT HEALTH BOARD
Summary of YTD Results - By Key Drivers
For the period ending 31 December 2020

	YTD COVID-19 $000	YTD Holidays Act $000	YTD ODPH Accelerated Depreciation $000	YTD NDPH $000	YTD BAU $000	YTD Total $000
REVENUE						
Government & Crown Agency	5,860	-	-	-	587,081	592,941
Non-Government & Crown Agency	2,851	-	-	-	4,636	7,487
Total Revenue	8,711	-	-	-	591,717	600,428
EXPENSES						
Workforce Costs	766	3,776	-	813	230,590	235,945
Outsourced Services	(3)	-	-	-	23,834	23,831
Clinical Supplies	581	-	-	-	56,499	57,080
Infrastructure & Non-Clinical Supplies	106	-	692	178	29,481	30,457
Provider Payments	7,088	-	-	-	240,288	247,376
Non-Operating Expenses	-	-	-	-	18,770	18,770
Total Expenses	8,538	3,776	692	991	599,462	613,459
NET SURPLUS / (DEFICIT)	173	(3,776)	(692)	(991)	(7,745)	(13,031)

Financial Position Summary

SOUTHERN DISTRICT HEALTH BOARD
Statement of Financial Position
As at 31 December 2020

Actual 30 Jun 2020 $000		Actual 31 Dec 2020 $000	Budget 31 Dec 2020 $000	Actual 30 Nov 2020 $000	Budget 30 Jun 2021 $000
	CURRENT ASSETS				
31,011	Cash & Cash Equivalents	133,141	7	21,815	7
49,819	Trade & Other Receivables	52,014	53,900	57,909	48,830
6,095	Inventories	6,377	5,670	6,253	5,235
86,925	*Total Current Assets*	191,532	59,577	85,977	54,072
	NON-CURRENT ASSETS				
326,463	Property, Plant & Equipment	330,688	344,594	330,311	355,122
3,307	Intangible Assets	3,640	16,037	3,750	20,149
329,770	*Total Non-Current Assets*	334,328	360,631	334,061	375,271
416,695	**TOTAL ASSETS**	525,860	420,208	420,038	429,343
	CURRENT LIABILITIES				
-	Cash & Cash Equivalents	-	196	-	16,259
64,666	Payables & Deferred Revenue	183,814	71,889	69,917	64,494
962	Short Term Borrowings	672	1,087	671	955
88,645	Employee Entitlements *	87,244	85,173	92,366	85,533
154,273	*Total Current Liabilities*	271,730	158,345	162,954	167,241
	NON-CURRENT LIABILITIES				
1,091	Term Borrowings	909	1,061	931	1,018
75,528	Holidays Act 2003*	79,304	37,850	78,675	-
19,810	Employee Entitlements	19,810	19,810	19,810	19,810
96,429	*Total Non-Current Liabilities*	100,023	58,721	99,416	20,828
250,702	**TOTAL LIABILITIES**	371,753	217,066	262,370	188,069
165,993	**NET ASSETS**	154,107	203,142	157,668	241,274
	EQUITY				
485,955	Contributed Capital	487,100	488,456	487,102	531,750
108,500	Property Revaluation Reserves	108,500	108,502	108,500	108,502
(428,462)	Accumulated Surplus/(Deficit)	(441,493)	(393,816)	(437,934)	(398,978)
165,993	*Total Equity*	154,107	203,142	157,668	241,274
	Statement of Changes in Equity				
172,410	Opening Balance	165,993	206,396	165,993	206,398
(90,454)	Operating Surplus/(Deficit)	(13,031)	(5,754)	(9,471)	(10,917)
84,744	Crown Capital Contributions	1,145	2,500	1,146	46,500
(707)	Return of Capital	-	-	-	(707)
165,993	Closing Balance	154,107	203,142	157,668	241,274

*Holidays Act 2003 actuals for FY21 have been re-classified to Non-Current Liabilities

Cash Flow Summary

SOUTHERN DISTRICT HEALTH BOARD
Statement of Cashflows
For the period ending 31 December 2020

	YTD Actual $000	YTD Budget $000	Variance $000	Full Year Budget $000	LY YTD Actual $000
CASH FLOW FROM OPERATING ACTIVITIES					
Cash was provided from Operating Activities:					
Government & Crown Agency Revenue	683,392	578,742	104,650	1,156,983	539,775
Non-Government & Crown Agency Revenue	5,519	5,148	371	10,296	5,344
Interest Received	141	116	25	232	175
Cash was applied to:					
Payments to Suppliers	(363,520)	(353,738)	(9,782)	(675,364)	(338,026)
Payments to Employees	(225,936)	(226,242)	306	(499,568)	(216,333)
Capital Charge	-	-	-	(12,605)	-
Goods & Services Tax (net)	18,408	4,751	13,657	(486)	5,244
Net Cash Inflow / (Outflow) from Operations	118,004	8,777	109,227	(20,512)	(3,821)
CASH FLOW FROM INVESTING ACTIVITIES					
Cash was provided from Investing Activities:					
Sale of Fixed Assets	4	-	4	-	2
Cash was applied to:					
Capital Expenditure	(16,545)	(42,014)	25,469	(72,294)	(18,059)
Net Cash Inflow / (Outflow) from Investing Activity	(16,541)	(42,014)	25,473	(72,294)	(18,057)
CASH FLOW FROM FINANCING ACTIVITIES					
Cash was provided from Financing Activities:					
Crown Capital Contributions	1,145	2,500	(1,355)	45,763	
Cash was applied to:					
Repayment of Borrowings	(478)	(464)	(14)	(220)	821
Repayment of Capital	-		-		
Net Cash Inflow / (Outflow) from Financing Activity	667	2,036	(1,369)	45,543	821
Total Increase / (Decrease) in Cash	102,130	(31,201)	133,331	(47,263)	(21,057)
Net Opening Cash & Cash Equivalents	31,011	31,012	(1)	31,011	(9,888)
Net Closing Cash & Cash Equivalents	133,141	(189)	133,330	(16,252)	(30,945)

Cash flow from Operating Activities is favourable to budget by $109.2 million. The January PBF payment of $99.6m was received on 31 December 2020 and was recognised as Income in Advance.

Cash flow from Investing Activities is favourable to budget by $25.5m. The Capital Expenditure cash spend reflecting the timing of approval and there has been an uplift in project activity.

Cash flow from Financing Activities is unfavourable to budget by $1.4m, due to the timing of Critical Infrastructure Works programme drawdowns.

Overall, Cash flow is favourable to budget by $133.3m, primarily the result of the early PBF payment.

Capital Expenditure Summary

SOUTHERN DISTRICT HEALTH BOARD

Capital Expenditure - Cash Flow

For the period ending 31 December 2020

Description	YTD Actual $000	YTD Budget $000	Variance $000	Over Under Spend	LY YTD Actual $000
Land, Buildings & Plant	3,520	13,338	9,818	U	8,404
Clinical Equipment	8,829	8,892	63	U	6,852
Other Equipment	310	633	322	U	267
Information Technology	1,833	6,903	5,069	U	1,415
Motor Vehicles	14	-	(14)	-	3
Software	2,038	12,249	10,211	U	1,117
Total Expenditure	16,545	42,014	25,469	U	18,059

At 31 December 2020, our Financial Position on page 3 shows Non-Current Assets comprising Property, Plant & Equipment and Intangible Assets totalling $334.3m, which is $26.3m less than the budget of $360.6m.

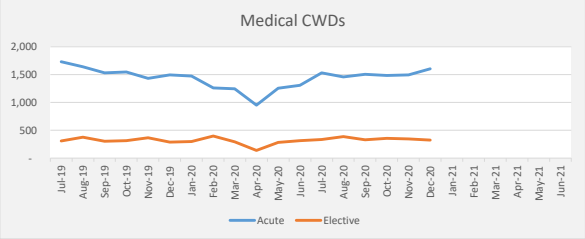
Land, Buildings & Plant variance of $9.8m YTD reflects delays experienced with Critical Infrastructure Works projects, the Queen Mary theatre upgrade and Southland Chillers for general air-conditioning.

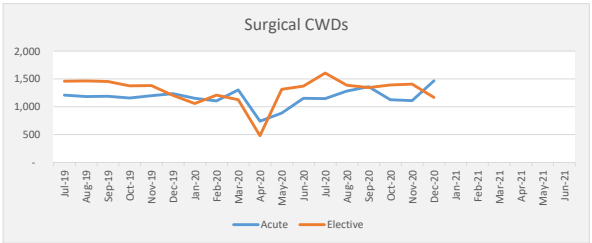
Information Technology and Software combined at $15.3m reflects delays to date in the Radiology RIS, Vocera Hands Free Clinical Communications and South Island Patient Information Care System (SIPICS) projects.

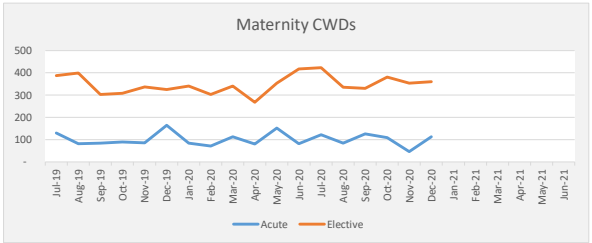
CASEWEIGHTED DISCHARGES

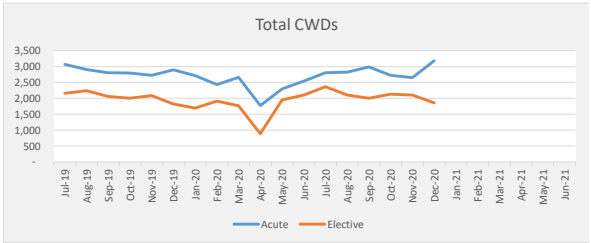
Dec-20				Dec-19	YEAR ON YEAR		YTD 2020/2021				YTD Dec-19	YEAR ON YEAR
Actual	Budget	Variance	% Variance	Actual	Monthly Variance		Actual	Budget	Variance	% Variance	Actual	YTD Variance
						Medical Caseweights						
1,602	1,314	289	22%	1,495	108	Acute	9,081	8,738	342	4%	9,377	(295)
323	267	56	21%	289	34	Elective	2,078	1,769	309	17%	1,961	117
1,925	**1,581**	**345**	**22%**	**1,785**	**142**	**Total Medical Caseweights**	**11,158**	**10,507**	**651**	**6%**	**11,338**	**(179)**
						Surgical Caseweights						
1,466	1,156	311	27%	1,237	230	Acute	7,492	7,351	142	2%	7,171	321
1,169	1,141	29	3%	1,204	(34)	Elective	8,297	8,295	1	0%	8,339	(42)
2,636	**2,296**	**340**	**15%**	**2,440**	**196**	**Total Surgical Caseweights**	**15,789**	**15,646**	**143**	**1%**	**15,510**	**280**
						Maternity Caseweights						
113	83	30	37%	165	(52)	Acute	601	544	57	10%	643	(42)
360	321	40	12%	325	35	Elective	2,185	2,145	39	2%	2,091	93
473	**403**	**70**	**17%**	**489**	**(16)**	**Total Maternity Caseweights**	**2,786**	**2,690**	**96**	**4%**	**2,733**	**52**
						TOTALS						
3,182	**2,552**	**630**	25%	**2,897**	**285**	**Acute**	**17,174**	**16,633**	**541**	3%	**17,191**	**(16)**
1,853	**1,728**	**125**	7%	**1,817**	**36**	**Elective**	**12,559**	**12,209**	**350**	3%	**12,390**	**170**
5,034	**4,280**	**755**	**18%**	**4,714**	**322**	**Total Caseweights**	**29,733**	**28,843**	**891**	**3%**	**29,581**	**153**

						TOTALS excl. Maternity						
3,069	**2,470**	**599**	24%	**2,732**	**338**	**Acute**	**16,573**	**16,089**	**484**	3%	**16,548**	**26**
1,492	**1,407**	**85**	6%	**1,493**	**1**	**Elective**	**10,374**	**10,064**	**310**	3%	**10,300**	**76**
4,561	**3,877**	**684**	**18%**	**4,225**	**337**	**Total Caseweights excl. Maternity**	**26,947**	**26,153**	**795**	**3%**	**26,848**	**101**





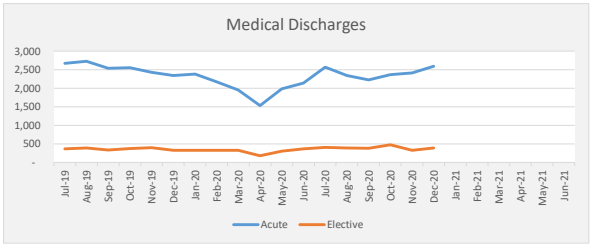


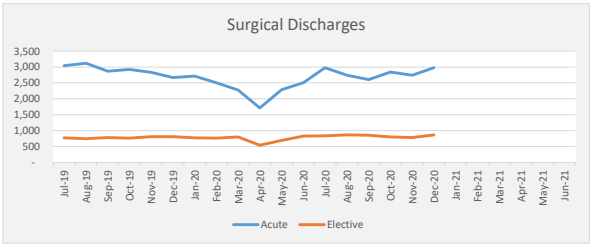


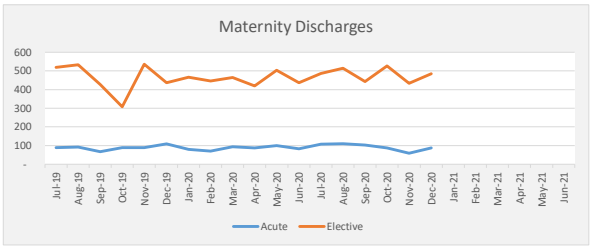
RAW DISCHARGES

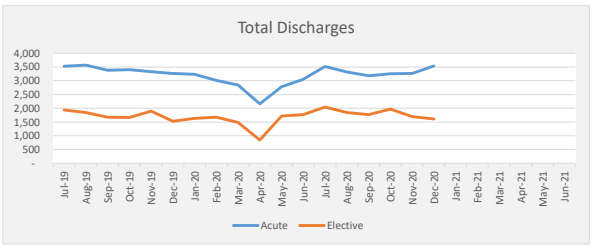
Dec-20				Dec-19	YEAR ON YEAR		YTD				YTD	YEAR ON YEAR
Actual	Budget	Variance	% Variance	Actual	Monthly Variance		Actual	Budget	Variance	% Variance	Actual	YTD Variance
						Medical Discharges						
2,591	2,091	500	24%	2,341	251	Acute	14,513	13,973	540	4%	15,257	(743)
386	314	72	23%	326	60	Elective	2,368	2,045	323	16%	2,196	172
2,977	**2,405**	**572**	**24%**	**2,667**	**311**	**Total Medical Discharges**	**16,881**	**16,018**	**863**	**5%**	**17,453**	**(571)**
						Surgical Discharges						
866	748	118	16%	813	53	Acute	5,006	4,763	243	5%	4,688	318
742	798	(56)	-7%	768	(26)	Elective	5,684	5,812	(128)	-2%	5,596	88
1,608	**1,546**	**62**	**4%**	**1,581**	**27**	**Total Surgical Discharges**	**10,690**	**10,576**	**114**	**1%**	**10,284**	**406**
						Maternity Discharges						
87	74	13	18%	109	(22)	Acute	553	485	68	14%	529	24
485	427	58	13%	436	48	Elective	2,890	2,869	21	1%	2,955	(66)
572	**501**	**71**	**14%**	**545**	**27**	**Total Maternity Discharges**	**3,443**	**3,354**	**89**	**3%**	**3,484**	**(41)**
						TOTALS						
3,544	**2,913**	**631**	22%	**3,263**	**281**	**Acute**	**20,072**	**19,221**	**851**	4%	**20,474**	**(402)**
1,613	**1,540**	**73**	5%	**1,530**	**84**	**Elective**	**10,942**	**10,727**	**215**	2%	**10,747**	**196**
5,157	**4,453**	**704**	**16%**	**4,793**	**365**	**Total Discharges**	**31,014**	**29,948**	**1,066**	**4%**	**31,221**	**(206)**

						TOTALS excl. Maternity						
3,457	**2,839**	**618**	22%	**3,154**	**304**	**Acute**	**19,519**	**18,736**	**783**	4%	**19,945**	**(425)**
1,128	**1,112**	**16**	1%	**1,094**	**35**	**Elective**	**8,052**	**7,858**	**194**	2%	**7,792**	**261**
4,585	**3,952**	**633**	**16%**	**4,248**	**338**	**Total Caseweights excl. Maternity**	**27,571**	**26,593**	**978**	**4%**	**27,737**	**(165)**



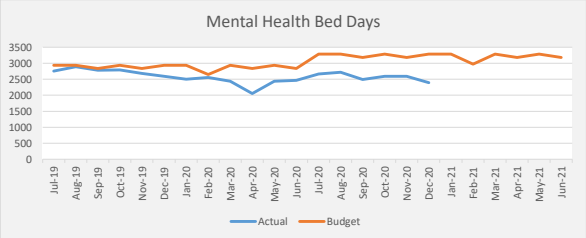




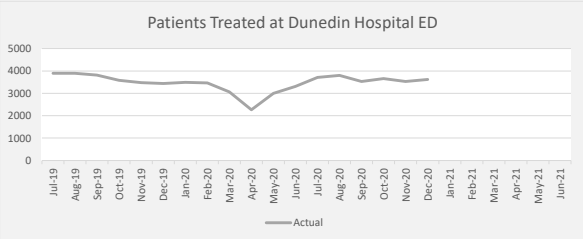


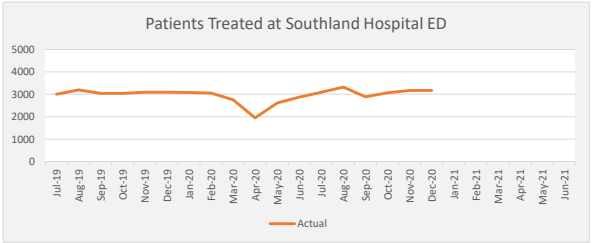
OTHER ACTIVITY

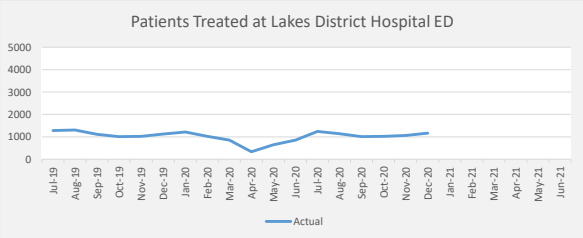
Dec-20				Dec-19	YEAR ON YEAR		YTD 2020/2021				YTD Dec-19	YEAR ON YEAR
Actual	Budget	Variance	% Variance	Actual	Monthly Variance		Actual	Budget	Variance	% Variance	Actual	YTD Variance
2,390	3,286	(896)	-27%	2,588	(198)	Mental Health bed days	15,437	19,504	(4,067)	-21%	16,488	(1,051)

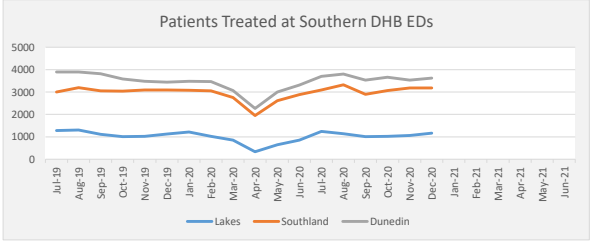


Dec-20	Dec-19	YEAR ON YEAR	Treated Patients (excludes DNW and left before seen)	YTD 2020/2021	YTD Dec-19	YEAR ON YEAR
Actual	Actual	Monthly Variance		Actual	Actual	YTD Variance
			Emergency department presentations			
3,624	3,443	181	Dunedin	21,856	22,107	(251)
1,163	1,126	37	Lakes	6,635	6,843	(208)
3,176	3,091	85	Southland	18,725	18,475	250
7,963	7,660	303	**Total ED presentations**	47,216	47,425	(209)









FOR INFORMATION

Item: Performance Dashboard – January 2021

Prepared by: Gail Thomson, Executive Director Quality & Clinical Governance

Patrick O'Connor, Quality & Performance Manager

Philippa Edwards, Business Support Manager

Meeting of: Board - 2 February 2021

9.3

Recommendation

That the Board **notes** the attached performance dashboards

Purpose

The Executive Performance Dashboard presents key metrics for the Southern region across the dimensions of effectiveness, patient experience, efficiency and timeliness. It is intended to highlight clinical quality risks, issues and performance at a system wide level.

Specific Implications for Consideration

1. Financial

    - The cost of harm to patients is substantial and derived from additional diagnostics, interventions, treatments and additional length of stay.

2. Workforce

    - Sickness and absence reporting is currently being rolled out. We expect that to be available by the end of the first quarter.

3. Equity

    - No obvious issues with equity have been identified during December from the performance dashboard, but further analysis would be required to fully understand this.

4. Other

    - Please note comments on Restraints for Southern.

Background

5. The Executive Performance Dashboard was created in 2019. It presents key metrics for the Southern region across the dimensions of effectiveness, patient experience, efficiency and timeliness. It is intended to highlight clinical quality risks, issues and performance at a system wide level.

6. The dashboard elements have recently been transitioned into Power BI and is widely available to staff via the PowerBi reporting platform. There are still some design features that require fine tuning and consistency such as axis naming conventions, easy to read axis and some

other individual features. The IT reporting team are working on this and expect improvements to be noted each month.

7. Please note that Southern includes hospitals in the Southern Region. Dunedin relates to Dunedin Public Hospital. Wakari is included in the Southern Region reporting.

Discussion

8. Radiology data is confirmed to accurate by specialist services to be correct. There is a background issue in regards a new system that has been implemented (Karisma) which has meant only reporting through to October this month. Work to rectify this is underway.

9. Average Theatre Utilisation reporting is being refined. Previously our reporting did not include cleaning time in theatre. We need to include this time as well as checking theatre information requested by the Ministry in December to check if further changes are required.

10. Restraint numbers in December spiked. The reasons for this include: 5 Wakari Mental Health clients were responsible for 185 restraint type incidents alone, one client had 94 events. The staff are attempting many interventions to reduce this including medication changes. The situation is not ideal for client or staff so all attempts to minimise restraint are currently being deployed.

11. Restraint in Dunedin Emergency Department also spiked in December which is not entirely unusual in the Christmas season.

Next Steps & Actions

Refine Average Theatre Utilisation data and include in next month's information

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Appendices

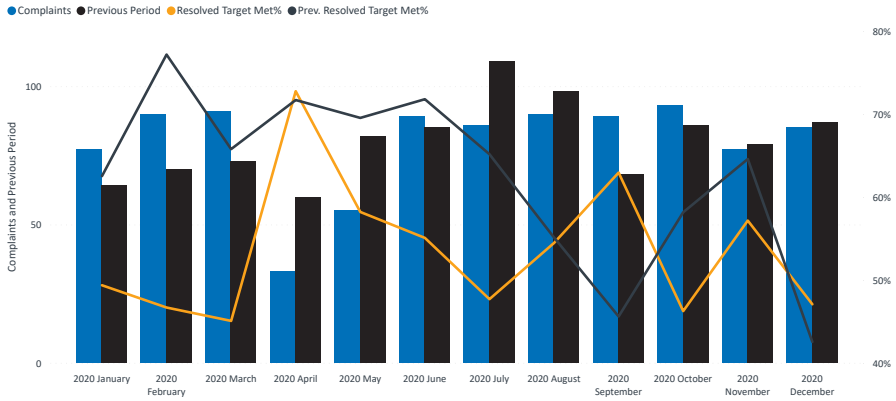
Appendix 1	Executive Performance Dashboard – Southern Region, Dunedin Hospital and Invercargill Hospital

Executive Dashboard - Patient Experience

(Southern)

Southern - Complaints, Previous Period, Resolved Target Met%, Prev. Resolved Target Met%

BY YEAR, MONTH



Safety 1st data.

Complaints

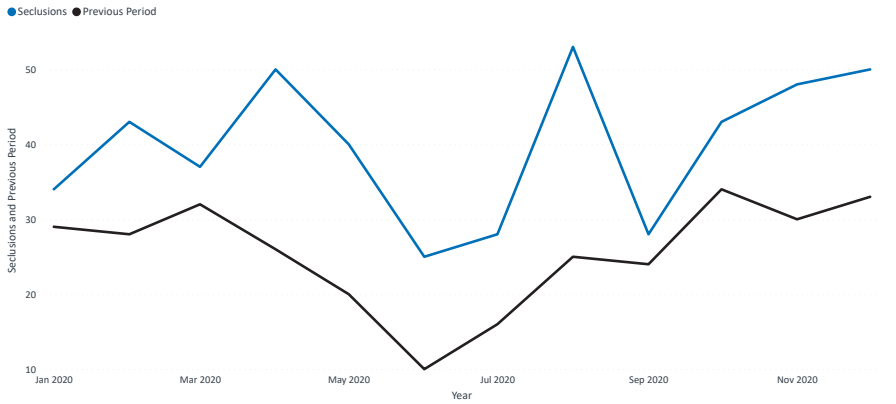
The number of internal complaints (from website, phone, email, letter, health and disability, comment form, etc) per month.

Resolutions

The percentage of complaints that were resolved within 35 working days.

Southern - Seclusions, Previous Period

BY YEAR, MONTH

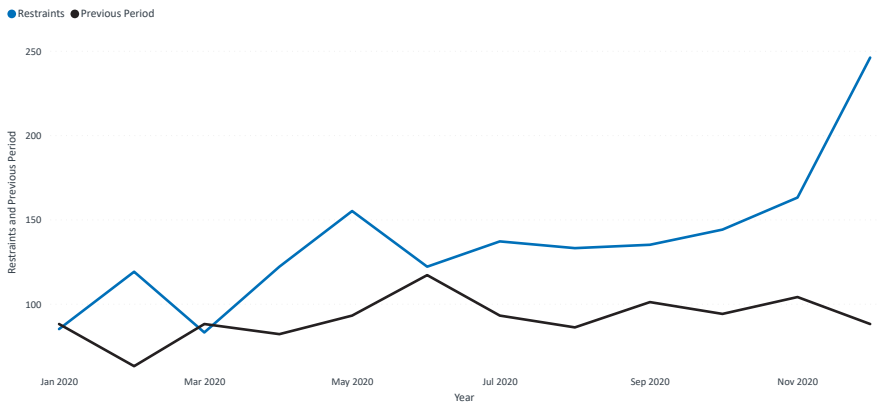


Seclusions

iPM and HCS data. The number of seclusion events per month.

Southern - Restraints, Previous Period

BY YEAR, MONTH



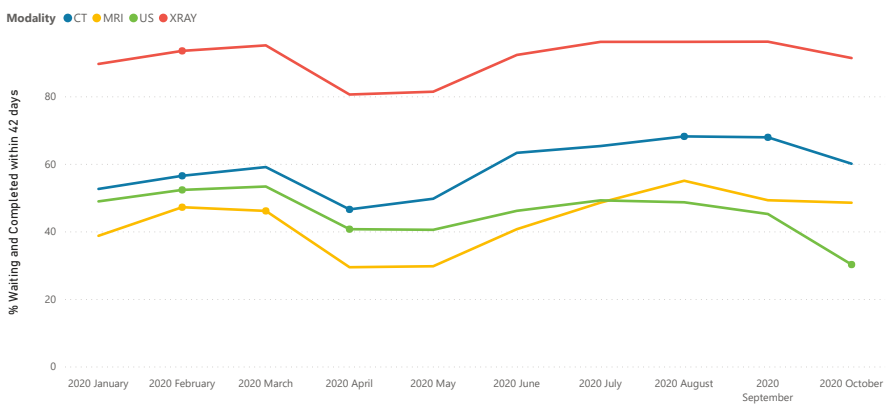
Restraints

Safety 1st data. The number of restraint events per month.
Restraints data includes Dunedin, Invercargill, Wakari & Lakes.

Total number of restraints have increased significantly. Note this is all restraints with the highest increase in partial restraints which reflects the high acuity and complex/aggressive nature of some service users. Attempts to de-escalate and keep people out of seclusion will also be a contributing factor. – particularly in Ward 9b and Ward 10a (one client in Ward 9b has recorded 194 over the 2020 year for physical assaults or risk of injury to others)

Southern - % Waiting and Completed within 42 days

BY YEAR, MONTH AND MODALITY



Percentage Waiting and Completed within 42 Days

Percentage of patients completed or waiting for their reports within 42 days as at end of the month

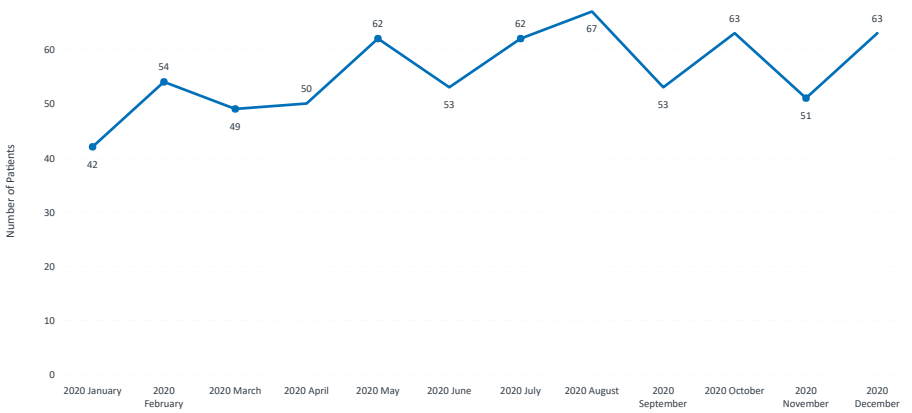
Currently waiting for Radiology Service Manager to validate numbers from Karisma (new radiology information system implemented November 2020) before including figures into external reports

Executive Dashboard - Effectiveness

(Southern)

Southern - Deaths

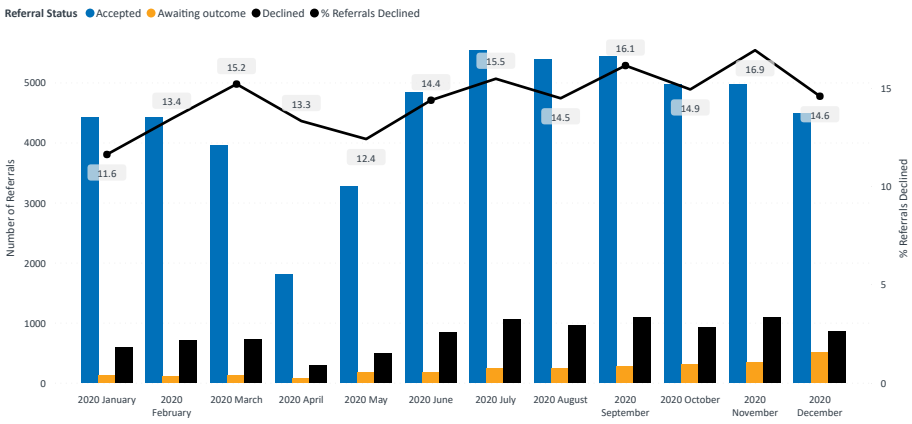
NUMBER OF PATIENTS DECEASED BY DISCHARGE MONTH



Deaths

Number of patients deceased by discharge month.

Southern - Referrals Accepted / Awaiting Outcome and Declined

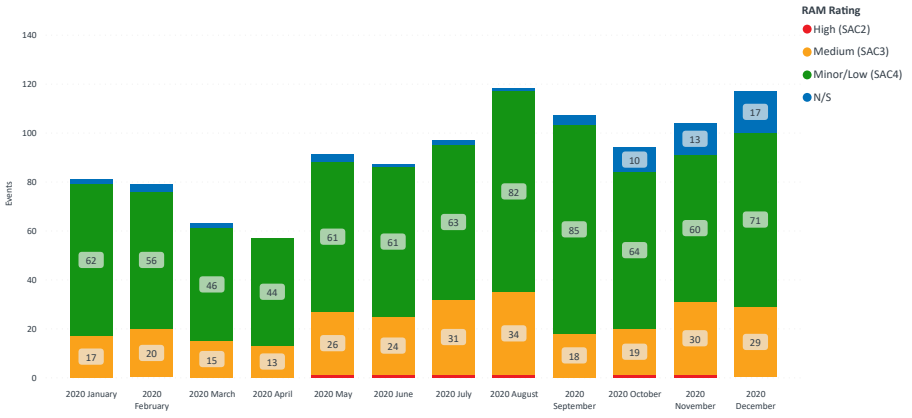


Referrals accepted (authorised), awaiting outcome or declined by month.

% referrals declined

Southern - Staff Events

BY RAM RATING, YEAR, MONTH



Safety 1st data.

The monthly number of reported staff adverse events

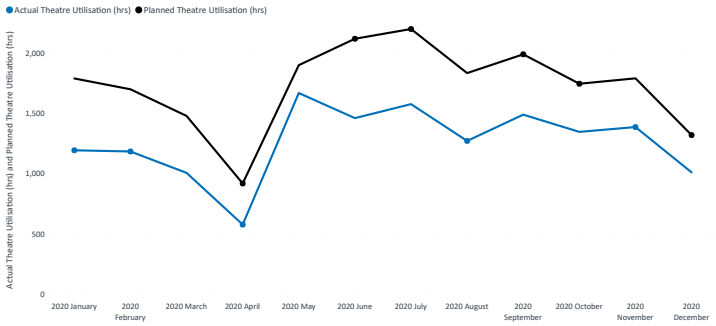
Categorised by severity assessment codes 1-4 and by 'N/S' (Not Specified).

Executive Dashboard - Efficiency

(Southern)

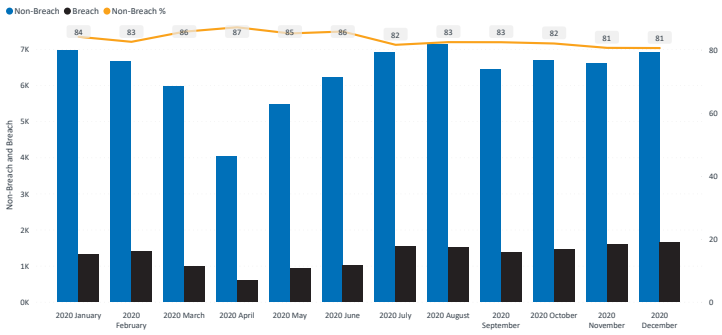
Average Length of stay
From Triage Time in ED(if admitted from ED) or admission to ward to discharge from ward for each episode of care. No specialities are excluded. Only patients discharged in that month are included in each months data

Southern - Planned vs Actual Theatre Utilisation (hrs)
BY HRS



Actual Theatre Utilisation
Actual theatre utilisation given by CaseLength Time = Anaesthetic Time + Procedure Time
Anaesthetic Time = Time duration between "Anaesthetic Start Time" and "Patient Ready for Procedure Time"
Procedure Time = Time duration between "Procedure Start Time" and "Procedure Complete Vs the scheduled / planned theatre time given by the scheduled session time

Southern - Monthly 6 Hour %



Monthly 6 Hour %
Short Stay in ED (SSED) time given by the percentage of patients discharged from ED within 6 hours of their Triage at ED. This excludes the time spent in ED observation

Southern - Average Theatre Utilisation (%)

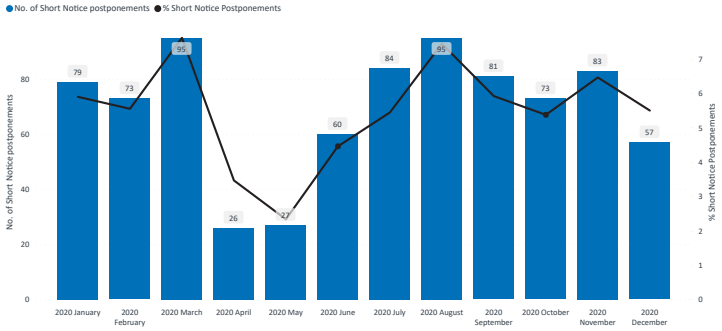
Currently under construction

100

Average Theatre Utilisation (%)

The theatre utilisation graph is being refined to an agreed measure. While our average theatre utilisation showed 52% in December this did not include cleaning time. This would have taken December to 70%. We expect to have the refined measure in place for next month

Southern - Short Notice Postponements

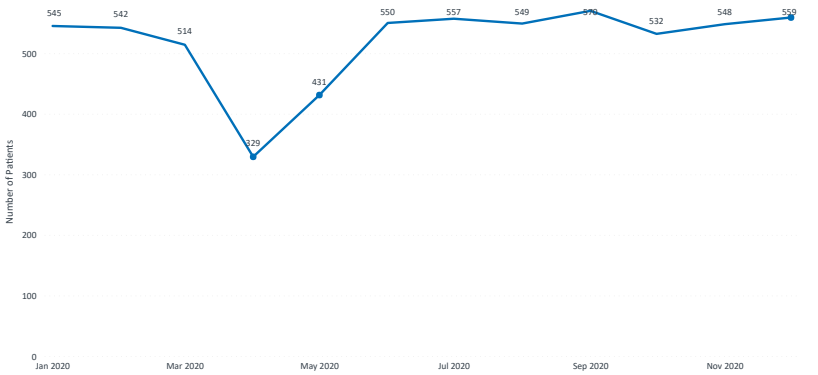


Short Notice Postponements
Theatre postponements within 24 hours of the scheduled procedure

Executive Dashboard - Timely

(Southern)

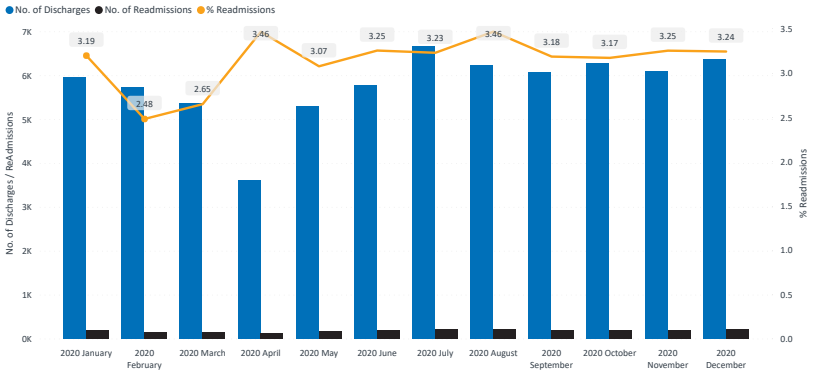
Southern - Number of Patients with LOS > 7 days



Number of Patients with LOS > 7 Days

Number of patients in hospital at any point of time when they have exceeded 7 days since admission

Southern DHB - Unplanned Hospital Readmissions within 7 days

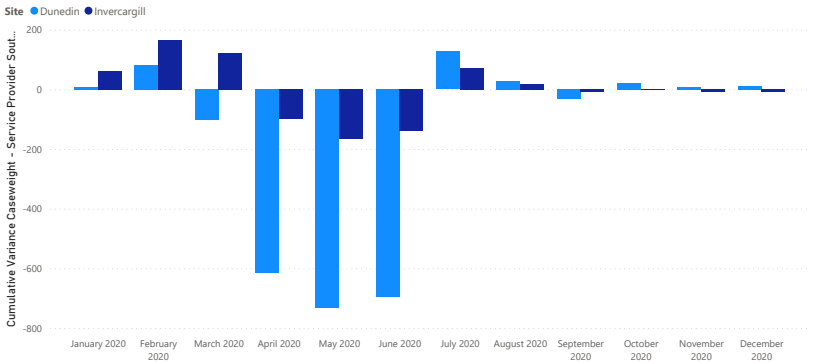


Unplanned Hospital Readmissions within 7 Days

Acute / Unplanned readmissions within 7 days of the initial discharge from hospital organised on the basis of the month of discharge

Cumulative Variance Caseweight - Service Provider Southern

BY CALENDARMONTHYEAR, SITE



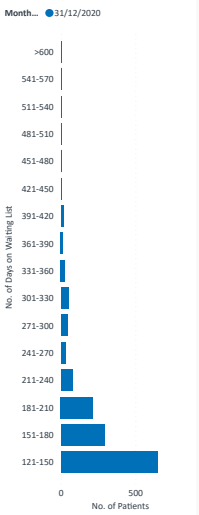
Cumulative Variance Caseweight

Column chart has cumulative variance case weight for Service provider which compares case weight with production plans based on MoH targets and work done in Southern DHB facilities, the Southern DHB's own population minus outflows plus inflow.

The graph shows how ahead or behind the actuals for Dunedin and Invercargill with 33 purchase units within the elective initiative in the last 12 months.

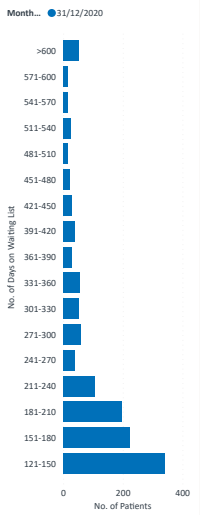
Southern - ESPI 2 Breaches

FOR THE LAST COMPLETED MONTH



Southern - ESPI 5 Breaches

FOR THE LAST COMPLETED MONTH



ESPI 2 and ESPI 5

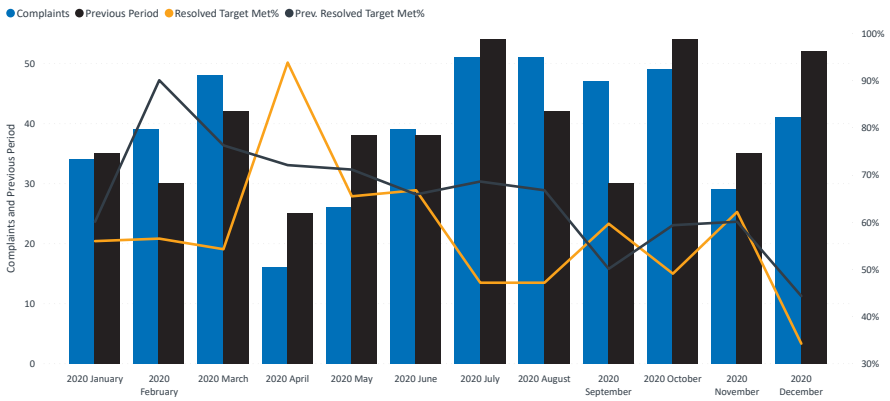
ESPI 2 and ESPI 5 waitlists organised into the given time buckets

Executive Dashboard - Patient Experience

(Dunedin)

Dunedin - Complaints and Previous Period

BY YEAR AND MONTH



Safety 1st data.

Complaints

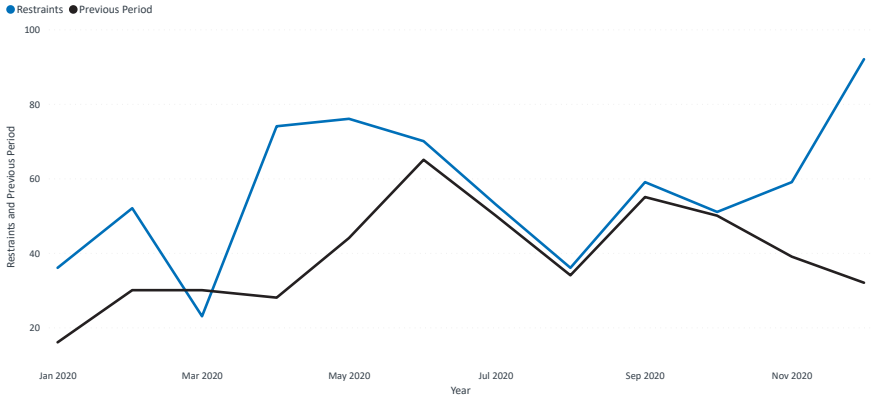
The number of internal complaints (from website, phone, email, letter, health and disability, comment form, etc) per month.

Resolutions

The percentage of complaints that were resolved within 35 working days.

Dunedin - Restraints and Previous Period

BY YEAR AND MONTH



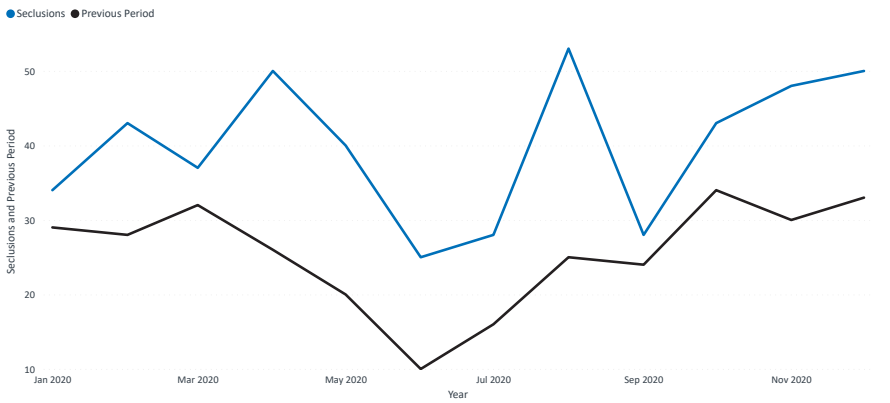
Restraints

Safety 1st data. The number of restraint events per month.
Restraints data for Dunedin only.

Emergency Department, Dunedin Hospital experienced a spike in restraints during December - this is not uncommon for the Christmas period.

Dunedin - Seclusions and Previous Period

BY YEAR AND MONTH



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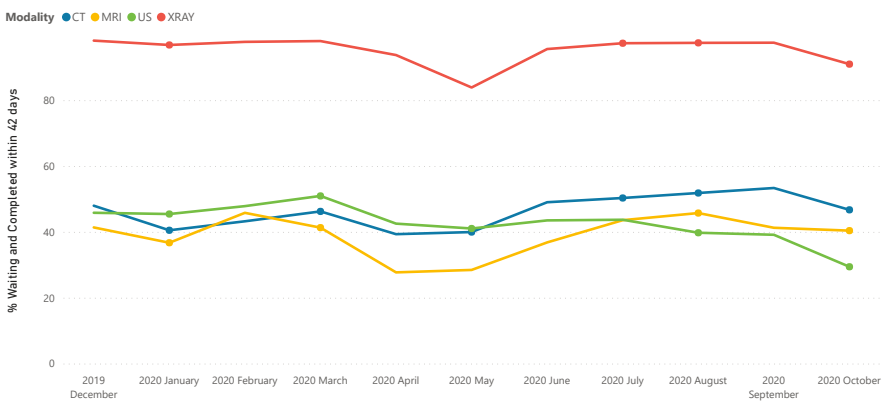
Dunedin - % Waiting and Completed within 42 days

BY YEAR, MONTH AND MODALITY



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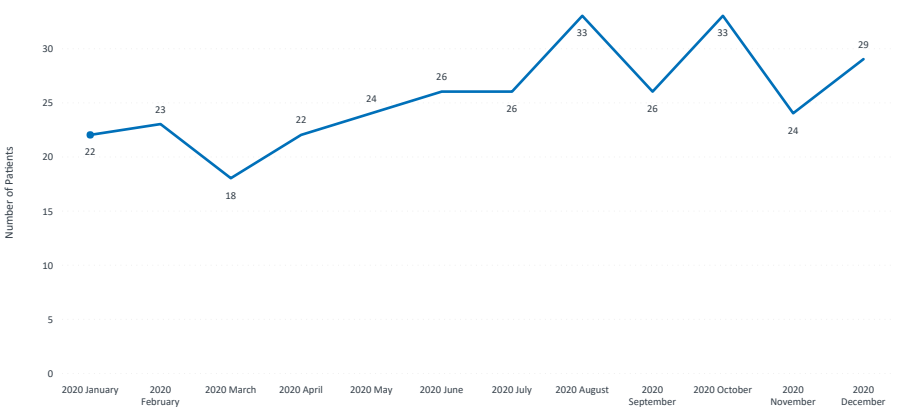
Executive Dashboard - Effectiveness

(Dunedin)

Dunedin - Deaths

NUMBER OF PATIENTS DECEASED BY DISCHARGE MONTH



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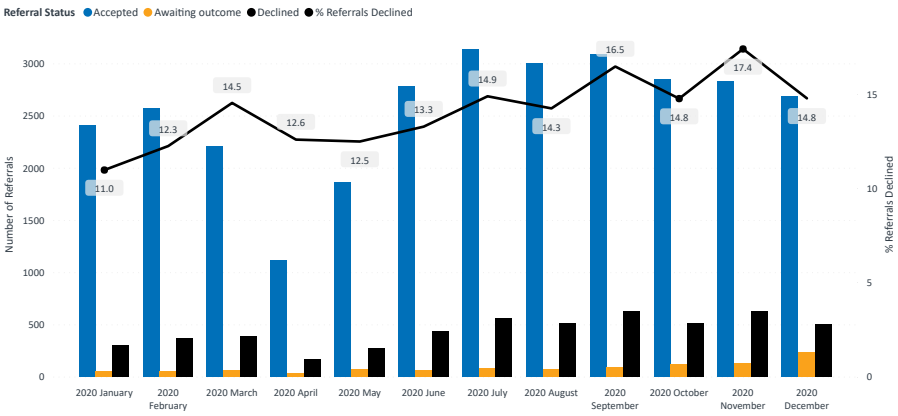
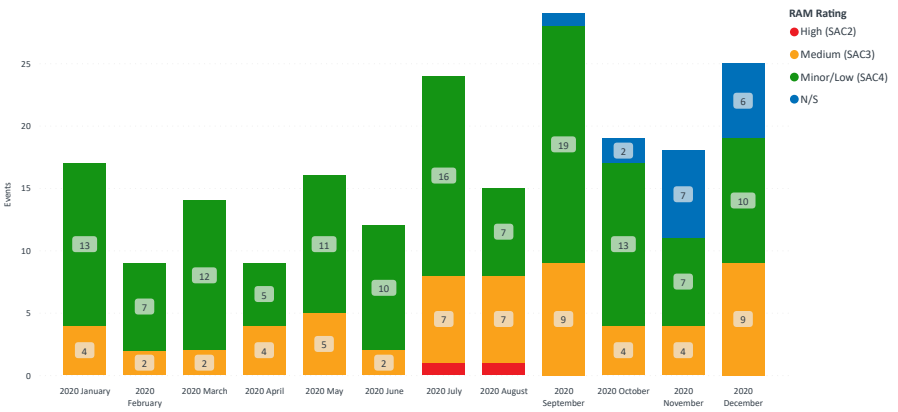


Referrals accepted (authorised), awaiting outcome or declined by month.

% referrals declined

Dunedin - Staff Events

BY RAM RATING, YEAR, MONTH



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(Dunedin)

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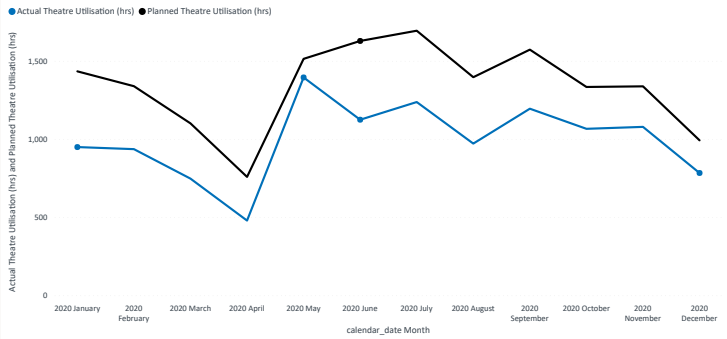
Dunedin - Planned vs Actual Theatre Utilisation (hrs)



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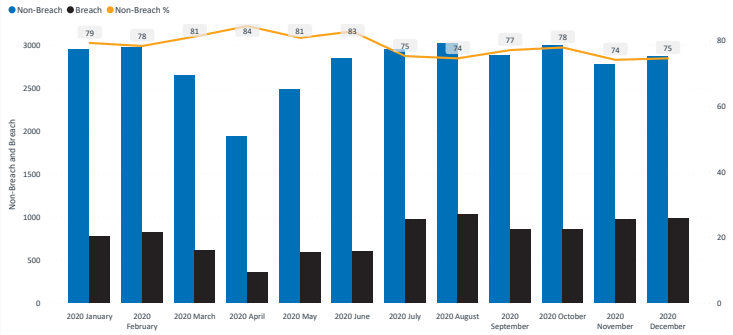

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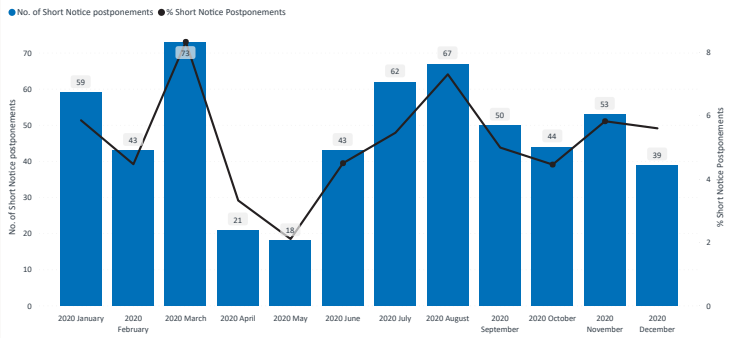
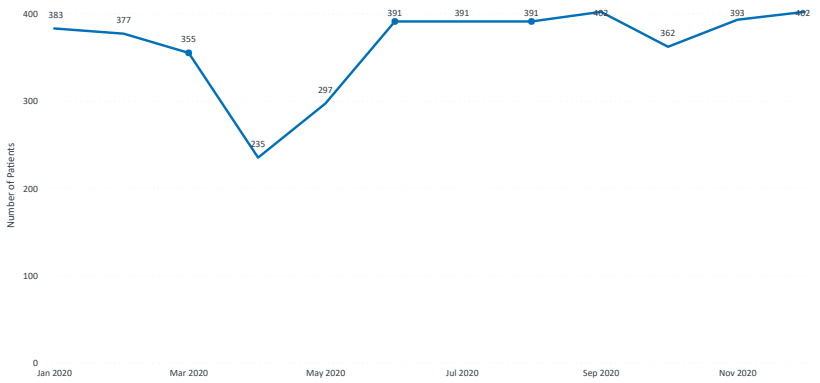


Short Notice Postponements
Theatre postponements within 24 hours of the scheduled procedure

Executive Dashboard - Timely

(Dunedin)

Dunedin - Number of Patients with LOS > 7 days



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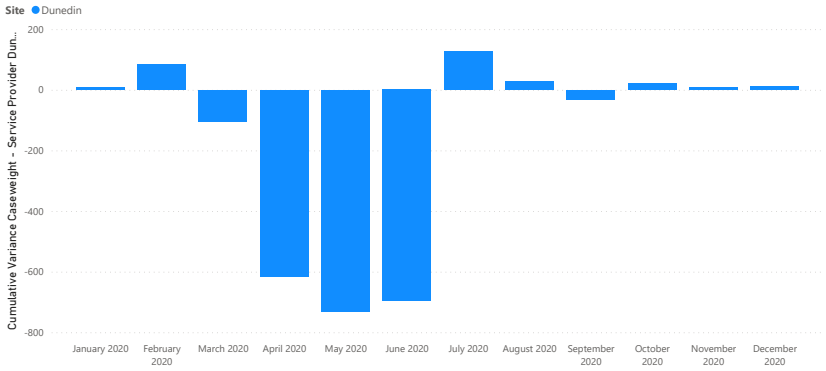
Dunedin - Unplanned Hospital Readmissions within 7 days

Unplanned Hospital Readmissions within 7 Days

Acute / Unplanned readmissions within 7 days of the initial discharge from hospital organised on the basis of the month of discharge

Cumulative Variance Caseweight - Service Provider Dunedin

BY CALENDAR, MONTH, YEAR AND SITE



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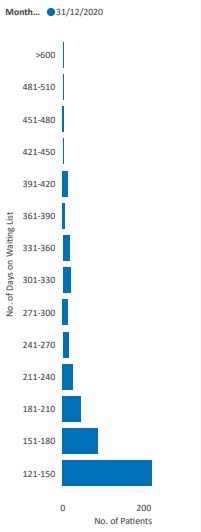

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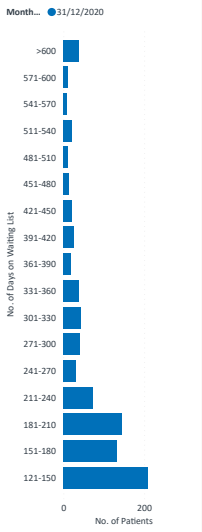


ESPI 2 and ESPI 5

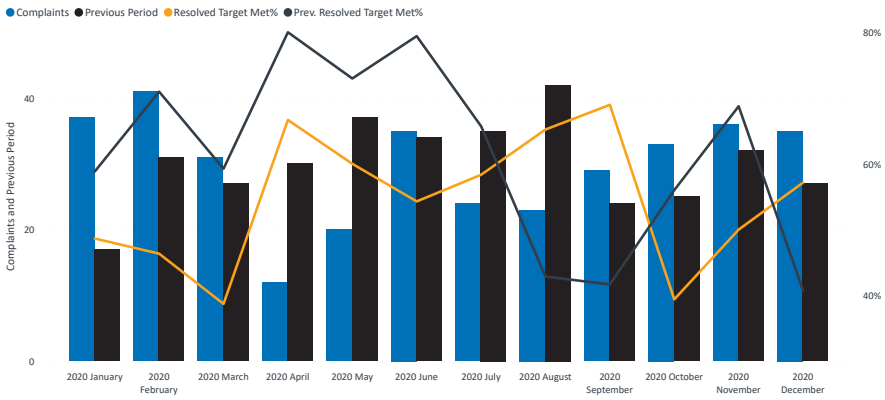
ESPI 2 and ESPI 5 waitlists organised into the given time buckets

Executive Dashboard - Patient Experience

(Invercargill)

Invercargill - Complaints and Previous Period

BY YEAR AND MONTH



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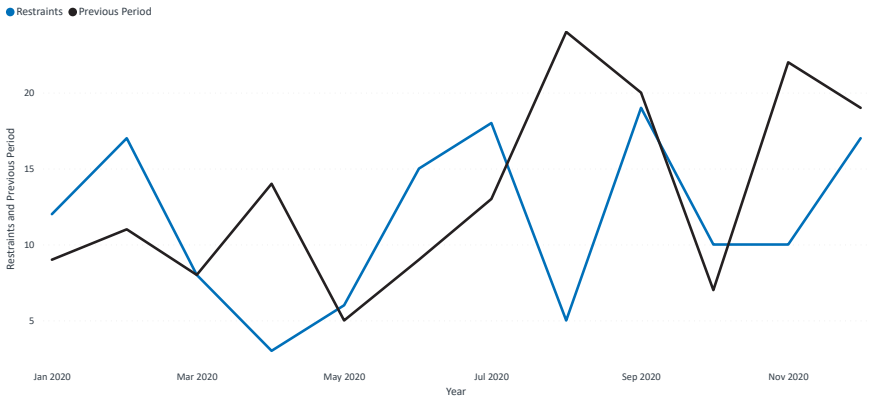
Invercargill - Restraints and Previous Period

BY YEAR AND MONTH



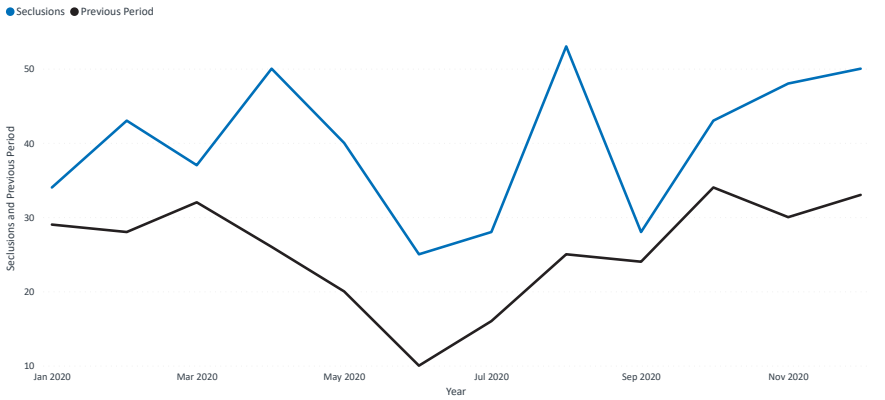
Restraints

Safety 1st data. The number of restraint events per month.

Restraints data for Invercargill only.

Southern - Seclusions and Previous Period

BY YEAR AND MONTH

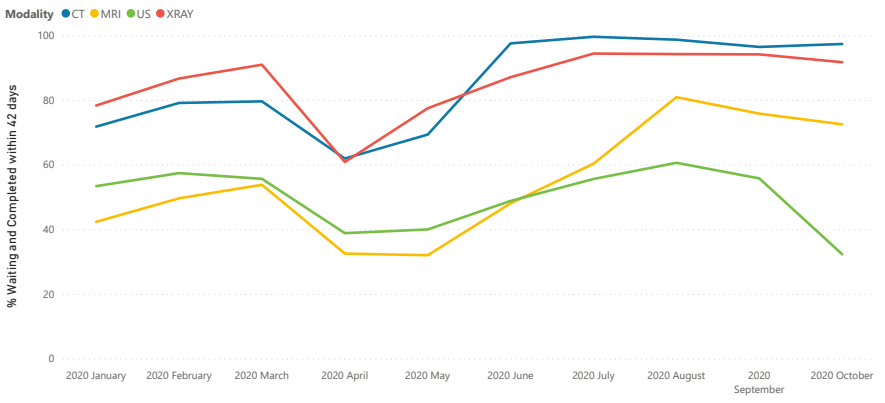


Seclusions

iPM and HCS data. The number of seclusion events per month.

Invercargill - % Waiting and Completed within 42 days

BY YEAR, MONTH AND MODALITY



Percentage Waiting and Completed within 42 Days

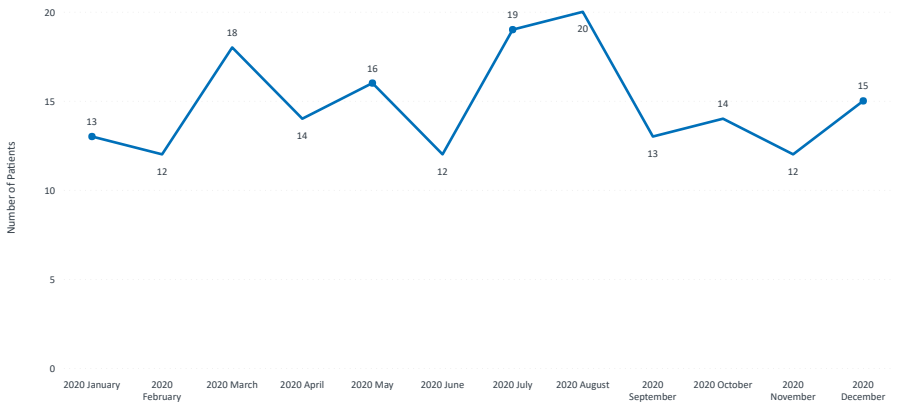
Percentage of patients completed or waiting for their reports within 42 days as at end of the month

Executive Dashboard - Effectiveness

(Invercargill)

Invercargill - Deaths

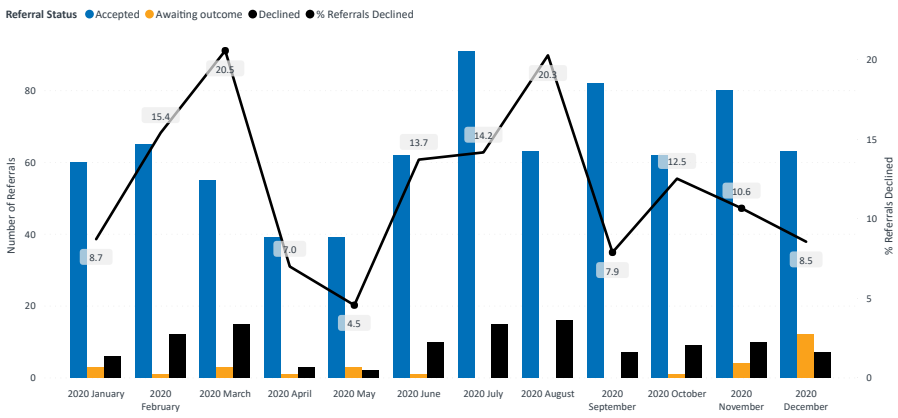
NUMBER OF PATIENTS DECEASED BY DISCHARGE MONTH



Deaths

Number of patients deceased by discharge month.

Invercargill - Referrals Accepted / Awaiting Outcome and Declined

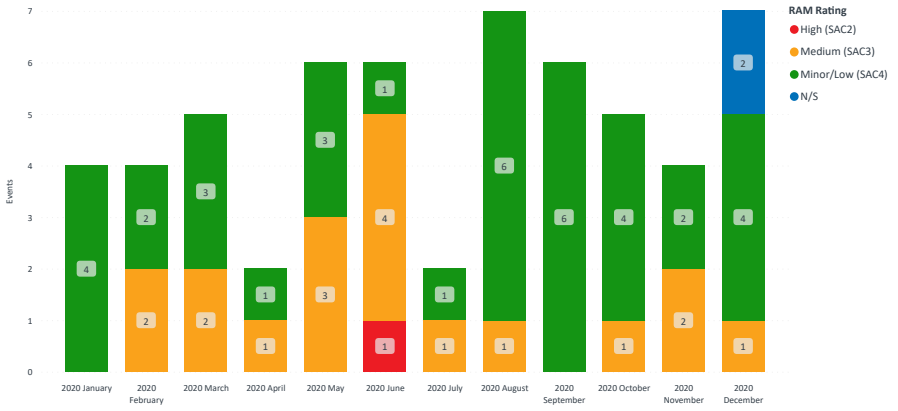


Referrals accepted (authorised), awaiting outcome or declined by month.

% referrals declined

Invercargill - Staff Events

BY RAM RATING, YEAR, MONTH



Safety 1st data.

The monthly number of reported staff adverse events

Categorised by severity assessment codes 1-4 and by 'N/S' (Not Specified).

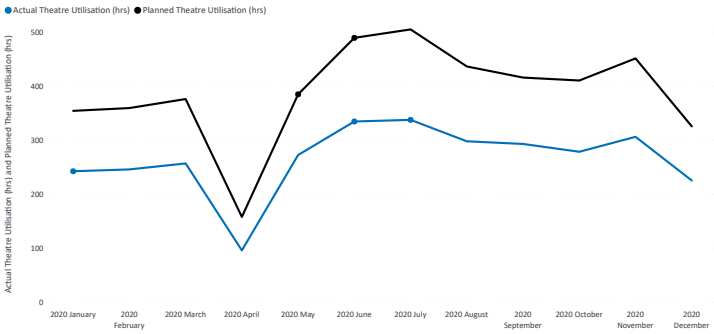
Executive Dashboard - Efficiency

(Invercargill)

Average Length of stay

From Triage Time in ED(if admitted from ED) or admission to ward to discharge from ward for each episode of care. No specialities are excluded. Only patients discharged in that month are included in each months data

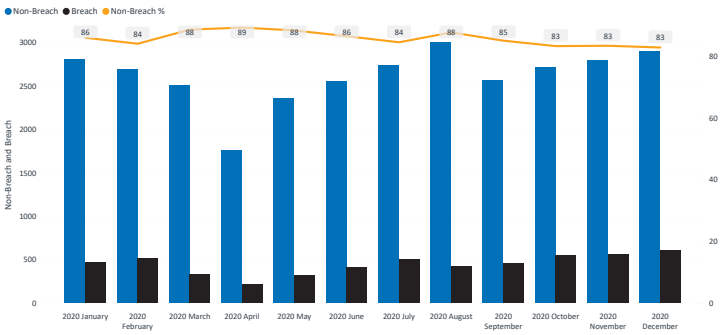
Invercargill - Planned vs Actual Theatre Utilisation (hrs)



Actual Theatre Utilisation

Actual theatre utilisation given by
CaseLength Time = Anaesthetic Time + Procedure Time
Anaesthetic Time = Time duration between "Anaesthetic Start Time" and "Patient Ready for Procedure Time"
Procedure Time = Time duration between "Procedure Start Time" and "Procedure Complete Vs the scheduled / planned theatre time given by the scheduled session time

Invercargill - Monthly 6 Hour %



Monthly 6 Hour %

Short Stay in ED (SSED) time given by the percentage of patients discharged from ED within 6 hours of their Triage at ED. This excludes the time spent in ED observation

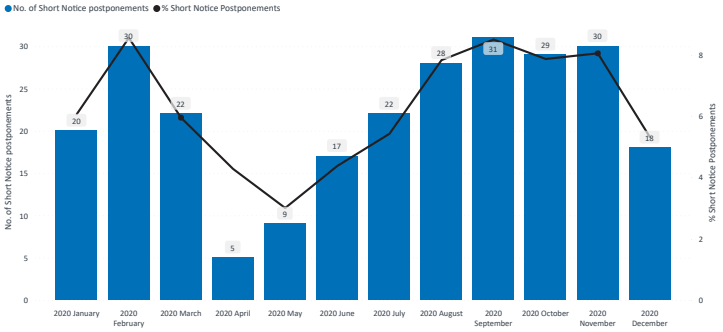
Invercargill - Average Theatre Utilisation (%)

Currently under construction

Average Theatre Utilisation (%)

The theatre utilisation graph is being refined to an agreed measure. While our average theatre utilisation showed 52% in December this did not include cleaning time. This would have taken December to 70%. We expect to have the refined measure in place for next month

Invercargill- Short Notice Postponements



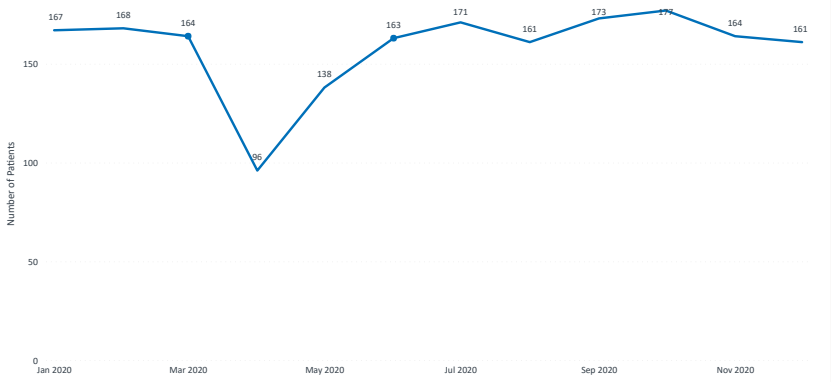
Short Notice Postponements

Theatre postponements within 24 hours of the scheduled procedure

Executive Dashboard - Timely

(Invercargill)

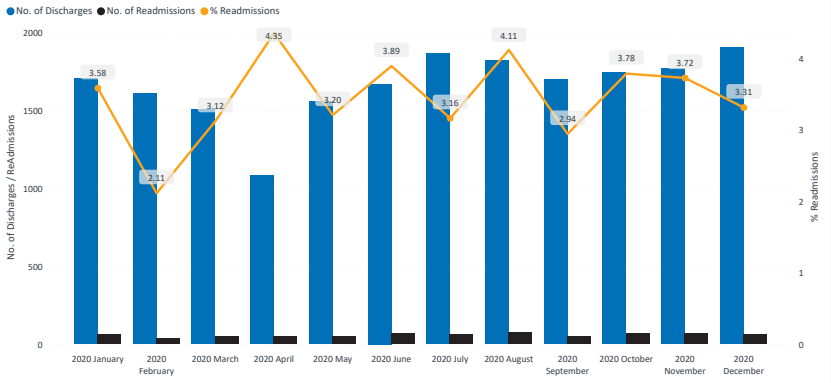
Invercargill - Number of Patients with LOS > 7 days



Number of Patients with LOS > 7 Days

Number of patients in hospital at any point of time when they have exceeded 7 days since admission

Invercargill - Unplanned Hospital Readmissions within 7 days

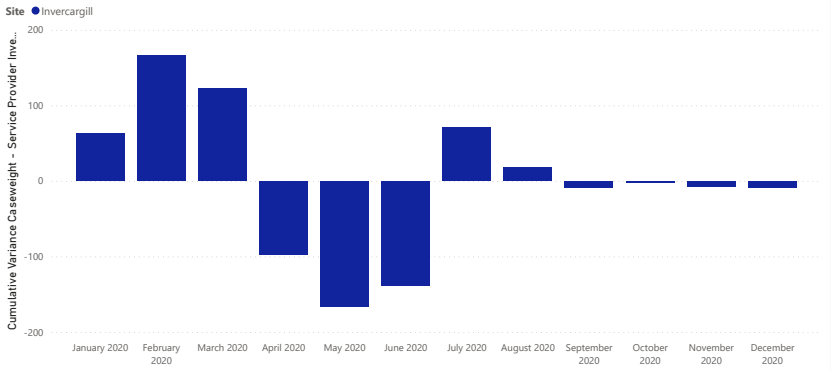


Unplanned Hospital Readmissions within 7 Days

Acute / Unplanned readmissions within 7 days of the initial discharge from hospital organised on the basis of the month of discharge

Cumulative Variance Caseweight - Service Provider Invercargill

BY CALENDARMONTHYEAR, SITE

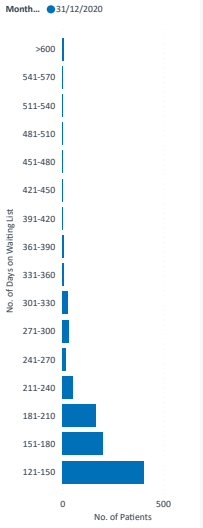


Cumulative Variance Caseweight

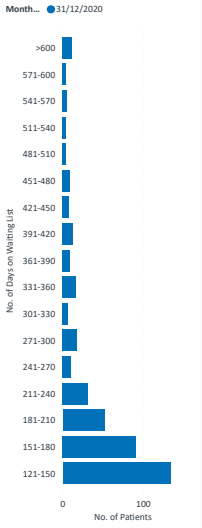
Column chart has cumulative variance case weight for Service provider which compares case weight with production plans based on MoH targets and work done in Southern DHB facilities, the Southern DHB's own population minus outflows plus inflow.

The graph shows how ahead or behind the actuals for Dunedin and Invercargill with 33 purchase units within the elective initiative in the last 12 months.

Invercargill - ESPI 2 Breache...



Invercargill - ESPI 5 Breache...



ESPI 2 and ESPI 5

ESPI 2 and ESPI 5 waitlists organised into the given time buckets

FOR INFORMATION

Item: Quarter One 2020/21 Reporting: Southern DHB Performance Reporting to the Ministry Of Health

Proposed by: Lisa Gestro, Executive Director, Strategy, Primary and Community

Meeting of: 2 February 2021

Recommendation

That the Board notes the content of these papers.

Purpose

1. To provide an overview of DHB Performance Reporting to the Ministry of Health for Quarter One 2020/21, including comment where targets or expectations have not been met.

Specific Implications For Consideration

2. Financial

- Recovery due to missed targets may have financial implications.

3. Quality and Patient Safety

- Reports may signal need for improvements in service quality.

4. Operational Efficiency

- Reports may signal need for improvements in operational efficiency.

5. Workforce

- Recovery due to missed targets may have workforce implications.

6. Equity

- Gaps in equity are highlighted in some reports. Gaps need to be addressed to meet targets and ensure that there is equitable service delivery in the Southern district to improve outcomes for Māori and other vulnerable populations.

7. Other

- Not identified

Background

8. The monitoring framework sets out DHB requirements to report achievement against Non-Financial Performance Measures and Crown Funding Agreements (CFA). Progress towards each measure is assessed and reported to the Minister of Health according to the reporting frequency outlined in the indicator dictionary for each measure.

Discussion

9. The document, *Quarter One 2020/21 Reporting: Southern DHB Performance Reporting to the Ministry Of Health*, summarises quarter 1 Performance Reporting to the Ministry of Health. This report includes comment where targets or expectations have not been met.

Next Steps & Actions

Southern DHB will submit quarter two performance monitoring reports to the Ministry of Health on 27 January. The compiled document, *Quarter Two 2020/21 Reporting: Southern DHB Performance Reporting to the Ministry Of Health*, will be submitted to the Board following Ministry of Health ratings and final feedback.

Appendices

Appendix 1 Performance Monitoring Report Q1 2021

Southern DHB Non-Financial Performance Reporting Q1 2020/21

The monitoring framework sets out DHB requirements to report achievement against Non-Financial Performance Measures and Crown Funding Agreements (CFA).

Performance Measure Reporting

Performance Measures are categorised into five different areas related to Government planning priorities.

- Better population health outcomes supported by strong and equitable public health services
- Improving mental wellbeing
- Improving wellbeing through prevention
- Better population health outcomes supported by primary health care
- Improving child wellbeing

Progress towards each measure will be assessed and reported to the Minister of Health according to the reporting frequency outlined in the indicator dictionary for each measure (found on the NSFL https://nsfl.health.govt.nz/accountability/performance-and-monitoring/performance-measures/performance-measures-201920)

A resolution plan, that outlines the actions being taken to address poorer than planned performance, must be supplied where performance does not meet the agreed expectation. Where a performance measure description does not include specific assessment criteria, the following criteria will apply:

Assessment Criteria/Ratings for Performance Measures

Rating	Abbrev	Criteria
Outstanding performer/sector leader	O	1. This rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector expectations. 2. This rating is applied when the DHB has met the target agreed in its Annual Plan and has achieved the target level of performance for the Māori population group, and the Pacific population group. Note: this rating can only be applied in the fourth quarter for measures that are reported quarterly or six-monthly. Measures reported annually can receive an 'O' rating, irrespective of when the reporting is due.
Achieved	A	1. Deliverable demonstrates targets / expectations have been met in full. 2. In the case of deliverables with multiple requirements, all requirements are met. 3. For those measures where reporting by ethnicity is expected, this rating should only be applied when the DHB has met the target agreed in its Annual Plan and has achieved significant progress for the Māori population group, and the Pacific population group. 4. Data, or a report confirming expectations have been met, has been provided through a mechanism outside the Quarterly Reporting process, and the assessor can confirm.

Partial achievement	P	1. Target/expectation not fully met, (including not meeting expectations for Māori and Pacific population groups) but the resolution plan satisfies the assessor that the DHB is on track to compliance. 2. A deliverable has been received, but some clarification is required. 3. In the case of deliverables with multi-requirements, where all requirements have not been met at least 50% of the requirements have been achieved, and a resolution plan satisfies the assessor that the DHB is on track to compliance for the requirements not met.
Not achieved – escalation required	N	1. The deliverable is not met. 2. There is no resolution plan if deliverable indicates non-compliance. 3. A resolution plan is included, but it is significantly deficient. 4. A report is provided, but it does not answer the criteria of the performance indicator. 5. There are significant gaps in delivery. 6. It cannot be confirmed that data or a report has been provided through channels other than the quarterly process.

Notes: 1) NR refers to 'No report has been received' 2) NA refers to 'Not applicable'

Annual Plan Reporting

Reporting against Annual Plan actions is provided through Status Update Reports. Reporting is categorised according to Planning Priority area.

CFA Variation Reporting

Reporting is required against Crown Funding Agreements (CFAs). Assessment criteria are different to the criteria applied to performance measures. The progress and developmental reporting nature for CFA variations is more compliance based, and therefore the target-oriented nature of performance measure assessment is not considered appropriate. The assessment criteria detailed below reflect the more qualitative nature of this component.

Assessment Criteria/Ratings for CFA Variations

Category	Abbrev	Criteria
Satisfactory	S	1. The report is assessed as up to expectations 2. Information as requested has been submitted in full
Further work required	B	1. Although the report has been received, clarification is required 2. Some expectations are not fully met
Not Acceptable	N	1. There is no report 2. The explanation for no report is not considered valid.

Confirmed Ministry of Health Ratings: If a DHB receives a rating of P, B or N for a particular measure or CFA Variation, the Ministry's assessor will outline the reasons in the Ministry feedback section and the DHB will be expected to submit an updated report/further comment during the confirmed reporting round. Supplying the requested information may result in the DHB receiving an improved score in the Confirmed Assessment round. However, this is not guaranteed.

Poor Performance Reporting: If a DHB fails to submit a required report against any health target, performance measure or CFA Variation, receives an 'N' rating in the Confirmed assessment round, or is determined to have significant emerging performance issues or service coverage issues, these issues will be highlighted to the Minister in the Performance Issues Section of the DHB's Quarterly Dashboard Performance Report.

Index of reports

*Includes reports with 'N' Ratings for Southern DHB Performance Reporting. Reports with N ratings are also included in a separate report.

Executive Summary: Southern DHB Non-Financial Performance Reporting

Performance Measures Overview

Performance area	Number of outstanding measures	Number of achieved measures	Number of partially achieved measures	Number of not achieved measures	Unreported measures	Total number of measures
Improving Child Wellbeing	0	3	3	3	0	9
Improving Mental Wellbeing	0	5	5	0	0	10
Better Population Health Outcomes supported by Strong and Equitable Public Health Services	0	8	4	2	0	14
Better Population Health Outcomes supported by Primary Health Care	0	1	0	1	0	2
Status Update Reports – Annual Plan Actions	0	4	3	0	0	7
	0	21 (50%)	15 (35.7%)	6 (14.3%)	0	42

Crown Funding Agreements

	Number of satisfactory ratings	Number of further work required ratings	Number of not acceptable measures	Unreported	Total number
CFA agreements	4	0	0	0	4

Summary of Reports with 'N' Ratings

Code	Performance Measure	Final Rating	Change from previous rating	Page number	Owner initials
Child Wellbeing					
CW05	Immunisation coverage FA3: influenza coverage	N	↓	10	LG
CW06	Improving breastfeeding rates	N	→	11	LG
CW09	Better help for smokers to quit (maternity)	N	→	15	LG
SS10	Shorter stays in emergency departments	N	→	30	PN
SS11	Faster Cancer Treatment (62 days)	N	→	33	PN
PH04	Better help for smokers to quit (primary care)	N	→	39	LG

Key to Owner Initials

Initial	Owner	Title/Directorate
LG	Lisa Gestro	Executive Director Strategy, Primary & Community
PN	Patrick Ng	Executive Director Specialist Services
MC	Mike Collins	Executive Director People Culture & Technology
GiT	Gilbert Taurua	Chief Māori Health Strategy & Improvement Officer
JW	Jane Wilson	Chief Nursing and Midwifery Officer
JR	Julie Rickman	Executive Director Finance, Procurement and Facilities

Summary of Quarter 1 Ratings 2020/21

Code	Performance Measure	Final Rating	Change from previous rating	Page number	Owner initials
Child Wellbeing					
CW05	Immunisation coverage: FA4-Influenza immunisation	N	↓	10	LG
CW06	Improving breastfeeding rates	N	→	11	LG
CW09	Better help for smokers to quit (maternity)	N	→	15	LG
CW05	Immunisation coverage: FA1 8-month old immunisation coverage	P	↓	8	LG
CW05	Immunisation coverage: FA2 5-year old immunisation coverage	P	→	9	LG
CW08	Increased immunisation at 2 years of age	P	↓	14	LG
CW07	Improving newborn enrolment in General Practice	A	→	14	LG
CW10	Raising healthy kids	A	↑	16	LG
CW12	Youth mental health initiatives (Youth primary mental health and Improve the responsiveness of primary care to youth)	A	↑	17	LG
Improving Mental Wellbeing					
MH02	Improving mental health services using wellness and transition (discharge) planning	P	→	17	LG
MH03	Shorter waits for non-urgent mental health and addiction services for 0-19 years of age	P	→	17	LG
MH04	Mental Health and Addiction Service Development: FA1 Primary Mental Health	P	→	18	LG
MH04	Mental Health and Addiction Service Development: FA3 Improving Crisis Response Services	P	→	19	LG
MH05	Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	P	→	20	LG
MH04	Mental Health and Addiction Service Development: FA2 District Suicide Prevention and Postvention	A	→	19	LG
MH04	Mental Health and Addiction Service Development: FA4 Improve outcomes for children	A	→	20	LG
MH04	Mental Health and Addiction Service Development: FA5 Improving employment and physical health needs of people with low prevalence conditions	A	→	20	LG
MH06	Mental health output delivery against plan	A	→	20	LG
MH07	Improving the health status of people with severe mental illness through improved acute inpatient post discharge community care	A	new	21	LG
Better Population Health Outcomes supported by Strong and Equitable Public Health Services					
SS10	Shorter stays in emergency departments	N	→	30	PN
SS11	Faster Cancer Treatment (62 days)	N	→	33	PN
SS07	Planned Care Measures	P	→	21	PN

SS09	Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections: FA2 Improving the quality of data submitted to National Collections	P	→	28	MC
SS13	Improved management for long term conditions: FA5: Stroke service	P	↑	34	PN
SS15	Improving waiting times for colonoscopies	P	→	37	PN
	Care capacity demand management calculation	A	→	21	JW
SS01	Faster cancer treatment (31 days) indicator	A	→	21	PN
SS02	Delivery of Regional Service Plans	A	→	21	LG
SS03	Ensuring delivery of service coverage	A	↑	21	LG
SS04	Implementing the Healthy Ageing Strategy	A	→	21	LG
SS09	Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections: FA1 Improving the quality of identity data within the NHI	A	→	28	MC
SS09	Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections: FA3 Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)	A	→	29	MC
SS13	Improved management for long term conditions: FA4: Acute heart service	A	↑	34	PN
Better Population Health Outcomes supported by Primary Health Care					
PH04	Better help for smokers to quit (primary care)	N	→	39	LG
PH01	Improving system integration and SLMs	A	→	39	LG
Status Update Reports – Annual Plan Actions					
Updates	Annual Plan actions: Improving wellbeing through prevention	P	→	40	LG
Updates	Annual Plan actions: Improving mental wellbeing	P	→	40	LG
Updates	Annual Plan actions: Better population health outcomes supported by strong and equitable public health services	P	↓	41	PN
Updates	Annual Plan actions: Improving child wellbeing	A	↑	40	LG
Updates	Annual Plan actions: Better population health outcomes supported by primary health care	A	↑	40	LG
Updates	Annual Plan actions: Give practical effect to He Korowai Oranga – the Māori Health Strategy	A	new	42	GiT
Updates	Annual Plan actions: Improving sustainability	A	new	42	JR

Crown Funding Agreements (CFA) Variations		Final rating	Change from previous rating	Page number	Owner initials
CFA	B4 School Check Services	S	→	43	LG
CFA	DHB level service component of the National SUDI Prevention Programme	S	→	43	LG
CFA	Primary Health Care Services	S	↑	43	LG
CFA	Health services for Emergency Quota Refugees	S	→	43	LG

NA=Not applicable; FA=Focus area; NR=No report

Southern DHB Performance Reporting – Quarter 1 2020/21

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
Child Wellbeing			**Achieving Government's Priority Goals/Objectives and Targets**

CW05: Immunisation coverage: FA1 eight-month old immunisation coverage	**N**	LG	Results: 93.4% total coverage; Māori infant immunisation coverage at 87.5%. Pacific coverage at 91.4%. Rank 4h out-of 20 DHBs (total coverage). Target: 95%
			
			MoH feedback:
			• Total immunisation coverage at eight months has decreased by 1.4 percent this quarter and coverage for Māori children has decreased by 3.6 percent.
			• Thank you for your ongoing drive and dedication to immunise your communities. The Ministry looks forward to seeing the outcomes of your actions to:
			  ○ Extend outreach services in Otago
			  ○ Increase the capacity of Kaupapa and Pasifika services, to enable them deliver vaccination clinics to improve coverage rates for Māori and Pacific.
			• We acknowledge the pressure DHBs have been experiencing due to COVID-19, however, continuing to provide immunisation events on time even during fluctuating alert levels is critical for the health of our communities. In the feedback received from DHBs in last quarter's reporting, it is apparent that a number of parents delayed vaccination during lockdown and that this is continuing, even as alert levels have gone down across the country.
			• In order to effectively engage with whānau who are continuing to delay vaccination, the Ministry expects that DHBs develop actions to mitigate the concerns of these whānau in collaboration with community voices. Through understanding what the new normal looks like for immunisation, DHBs are also expected to think about their service delivery models and community engagement methods.
			• Embedding learnings from the COVID-19 response and the National Measles Immunisation Campaign will be important in improving current services and coverage.
			
			Southern DHB report:
			• In quarter 1, 147/168 Māori tamariki were fully immunised at 8 Months of age, there were no opt offs, 11 declines (6.5%) and 10 were missed (did not receive their full immunisations by 8 months) in this population group.
			• 32/35 Pacific 8 month olds (91%) were fully vaccinated, there were no declines or opt offs in this population group.
			• With 695 of the total population being identifying as non-Māori, 659 of these were fully vaccinated at 8 months, the total coverage for this group was 95%
			• Therefore, the equity gap between Māori and non-Māori was 7%, as a result Southern DHB did not achieve the 8 month target in quarter 1.

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			Actions to address issues/barriers impacting on performance • Work is underway to increase the capacity of Kaupapa and Pasifika services, to enable them deliver vaccination clinics to improve coverage rates for Māori and Pacific. • One of the largest general practices in the Southern region continues to not be messaging to NIR. This problem has been escalated to the PHO and Medtech engineers. This remains a work in progress. • NIR are working with the Vaccine Preventable Disease team to ensure that children are being identified for immunisations as close to the schedule as possible. New initiatives and successes • Outreach services in Otago have been expanded and staff trained to be able to provide better coverage across our district.
CW05: Immunisation coverage FA2: 5-year old immunisation coverage	**P**	LG	Results: 90.6% for total population and 92.2% for Māori population. Pacific coverage at 89.7%. Rank 5th out of 29 DHBs. Target: 95%. MoH feedback: • At age five years the total coverage has decreased by 1.0 percent and coverage for Māori children has decreased 0.3 percent. • Thank you for your ongoing drive and dedication to immunise your communities. The Ministry looks forward to seeing the outcomes of your actions to: · ○ Extend outreach services in Otago ○ Increase the capacity of Kaupapa and Pasifika services, to enable them deliver vaccination clinics to improve coverage rates for Māori and Pacific. • We acknowledge the pressure DHBs have been experiencing due to COVID-19, however, continuing to provide immunisation events on time even during fluctuating alert levels is critical for the health of our communities. • In the feedback received from DHBs in last quarter's reporting, it is apparent that a number of parents delayed vaccination during lockdown and that this is continuing, even as alert levels have gone down across the country. • In order to affectively engage with whānau who are continuing to delay vaccination, the Ministry expects that DHBs develop actions to mitigate the concerns of these whānau in collaboration with community voices. • Through understanding what the new normal looks like for immunisation, DHBs are also expected to think about their service delivery models and community engagement methods. • Embedding learnings from the COVID-19 response and the National Measles Immunisation Campaign will be important in improving current services and coverage.

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			Southern DHB report: • In quarter 1, 142/154 Māori tamariki were fully immunised at 5 years of age, there were no opt offs, 6 declines (4%) and 6 were missed (did not receive their full immunisations by 5 years) in this population group. • 35/39 Pacific 5 year olds were fully vaccinated, there were no declines or opt offs in this population group. • With 786 of the total population being identifying as non-Māori, 710 of these were fully vaccinated at 5 years, the total coverage for this group was 90% • Therefore, the equity gap between Māori and non-Māori was +2%, as a result Southern DHB achieved the equity target for 5 year olds in quarter 1. Actions to address issues/barriers impacting on performance • Outreach immunisation services have had an increase in referrals for the 4-year-old event and catch-up immunisations. • Some of these include families with complex social needs and immunisation histories. Some of these families live in rural communities and continue to be more difficult to reach following on from the impacts of COVID-19. • It's pleasing to see an increase in Maori and Pacific coverage for this age group. Work continues alongside other DHB services, Kaupapa & Pasifika services and our Public Health Nurses to check immunisation status. • Public Health Nurses are asked to complete a status query for every child referred to their service to check immunisation status.

CW05: Influenza immunisation	**N**	LG	Result: 62% coverage for total population of 65+ years; 56% Māori coverage; 45% Pacific coverage. Target: 75%
			
			MoH feedback:
			• This year's Influenza Immunisation Programme has been the most successful in vaccinating the highest ever number of eligible people. The Ministry acknowledges the incredible work of all DHBs to protect their communities against influenza this year and that the Programme faced a number of challenges, exacerbated by the unprecedented demand for influenza vaccination this year.
			• Thank you for your ongoing drive and dedication to immunise your communities. The Ministry looks forward to seeing the outcomes of your actions to:
			  ○ Extend outreach services in Otago
			  ○ Increase the capacity of Kaupapa and Pasifika services, to enable them deliver vaccination clinics to improve coverage rates for Māori and Pacific.
			• We acknowledge the pressure DHBs have been experiencing due to COVID-19, however, continuing to provide immunisation events on time even during fluctuating alert levels is critical for the health of our communities.
			• In the feedback received from DHBs in last quarter's reporting, it is apparent that a number of parents delayed vaccination during lockdown and that this is continuing, even as alert levels have gone down across the country. In order to affectively engage with whānau who are continuing to delay vaccination, the Ministry expects that DHBs develop actions to mitigate

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			the concerns of these whānau in collaboration with community voices. • Through understanding what the new normal looks like for immunisation, DHBs are also expected to think about their service delivery models and community engagement methods. • Embedding learnings from the COVID-19 response and the National Measles Immunisation Campaign will be important in improving current services and coverage. Southern DHB report: • Southern DHB, WellSouth PHN, four Papatipu Rūnuka/Rūnunga: Kāti Huirapa Rūnaka ki Puketeraki, Karitane; Te Rūnanga Ōtakou Inc, Ōtakou, Dunedin; Waihōpai Rūnaka Inc, Invercargill and Awarua Rūnanga,Bluff along with Kaupapa Māori Health Services - Awarua Whānau Services in Southland and Te Kaika in Dunedin will partner to provide influenza vaccinations and childhood immunisations during the COVID campaign. The clinics will be held on Marae with Māori community engagement and participation and opportunities for health promotion and education to occur. Collaboration between those identified stake holders now provide a foundation to future clinics on those identified in this report, other Marae and in community settings for future influenza and whānau centred vaccinations including a new COVID vaccine. • WellSouth PHN and Southern DHB partner with General Practices to identify Māori enrolled populations eligible for the influenza vaccination. The WellSouth Call Centre will contact eligible populations on behalf of their General Practice to promote and book appointments to increase the uptake of vaccinations. WellSouth PHN Call Centre staff identify and addressed barriers to increase access. This included re-connection with Kaupapa Māori Health Providers for support and assistance with health literacy. • Southern DHB partner with Kaupapa Māori Health Providers to identify opportunities to increase workforce capacity and capability with influenza and childhood vaccinations within the Māori community. Those identified providers with clinical capacity have undertaken the Vaccinator Training Course and assessment as Independent Vaccinators with resources such as Fridges and Vaccination Chilly-Bins. Vaccination contracting with Southern DHB and increased data capacity to NIR has occurred to ensure those providers can deliver, measure and report on service delivery. • SDHB is developing a new contracting model to support NGO providers with their Vaccination programmes. This will allow funding to be made available to services that otherwise would not receive primary care immunisation funding. • SDHB continues to support other workforces to provide vaccination programmes to their populations. Community Pharmacy is a group identified who can expand their offering to include MMR.
CW06: Improving breastfeeding rates	**N**	LG	Results: 63% of infants were exclusively or fully breastfeeding at 3 months of age; 56% for Maori and 58% for Pacific children. National average for total population: 59%. Target: 70% of infants are exclusively or fully breastfeeding at 3 months of age

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			MoH feedback: Thank you for your comprehensive report. You outline a range of initiatives designed to improve breastfeeding rates for infants around 3 months of age. Unfortunately initiatives rolled out to date do not appear to be having the desired impact as Southern's breastfeeding rates have been almost static since 2015. New and innovative initiatives are required to markedly improve your breastfeeding rates, not only for Māori and Pacific infants, but for your entire population. Please see Q1 data here: https://nsfl.health.govt.nz/dhb-planning-package/well-child-tamariki-ora-quality-improvement-framework Southern DHB response to MoH feedback: • The Southern district is interested in introducing innovative initiatives to improve breast feeding rates. Your feedback will be a topic of discussion for a district wide breast feeding hui to be held in quarter 3 where we will be looking for "out of the box" ideas to work for all of our population. We also appreciate that there needs to be an equity focus to improve rates for Māori and Pacific infants. We look forward to sharing with you the outcome of this discussion and our approaches going forward. • We appreciate that the challenges facing the Southern district are not unique to Southern and we would willingly participate in any national level discussions if the MoH was able to facilitate these. We also look forward to seeing the new webpage on breast feeding when available for additional guidance. We will also raise the issue with the Child and Youth South Island Alliance to try and share learnings at a regional level. Southern DHB report: Activities that the DHB is undertaking to increase the baseline rate towards the target for the total population and for Māori Activities general and targeted: • Community pilot breastfeeding support contract with Pacific Trust Otago to support establishment and maintenance of breast feeding targeting Māori, Pacific, refugee and high deprivation mothers/whanau; • Public Health South (PHS) advocating for breast feeding support in workplaces – initially focussing on Southern DHB staff; developing information for staff going on parental leave and information for Southern DHB managers to know how to support breast feeding in the workplace; development of the new breast feeding space at Wakari Hospital nearing completion; • PHS advocating for breast feeding friendly public spaces with local councils; • All Southern DHB maternity facilities are BFHI accredited. Breast feeding support provided to women giving birth in Southern DHB facilities by LMCs, core midwives, and lactation consultants in tertiary and secondary facilities, La Leche League members visit Dunedin maternity ward. • Breastfeeding peer support programme available across the district

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			Breastfeeding support provided in the community: ○ Dunedin ante natal breastfeeding support classes provided by the Breast Room in Dunedin; ○ Breastfeeding peer support programme supported by WellSouth PHO and La Leche League members and drop in centres across the district – training programmes scheduled; ○ Discussions have commenced on how to enhance the Peer Support Programme and increase engagement of Maori and Pacific women – alternative ways of operating to support Maori and Pacific women are being considered; ○ Pacific Trust Otago community based service – as mentioned above; ○ Plunket and WCTO nurses support breast feeding in homes and community clinics; ○ PHS supporting workplaces with breast feeding policies; ○ Health literacy focus - discussions occurring with Paediatrics in Otago about a paediatrician working with local Maori and Pacific women in the community on "feeding" opportunities and challenges; ○ Newly established community dietitian clinic at Pacific Trust Otago working with whanau to better understand healthy eating across the ages; • BURP App is a joint Southern DHB and WellSouth PHO project – provides basic breast feeding education within communities, promoting breast feeding to mothers; aim is to normalise breast feeding in communities and provide support for breast feeding mothers in public spaces; • Breastfeeding promotion: ○ Sticker provided in every WCTO book with local breast feeding support contacts; ○ Southern DHB website updated on a regular basis with list of contacts available to support breastfeeding; ○ Each year activity undertaken to support World Breastfeeding Week – organised by breast feeding advocates and Southern DHB staff in each area; ○ Different groups across the district maintain on line profiles and Facebook pages which support breast feeding e.g. La Leche League, Breast Room, Plunket, Maori and Pacific WCTO providers; ○ Support Plunket's on line breastfeeding support; • Three Breast Feeding Networks across the Southern district – Dunedin, Southland, and Central Otago/Wakatipu – networks meet on a regular basis to discuss activities, advocacy and new projects to be undertaken. For example, the Dunedin Network recently wrote to the Dunedin Hospital Project advocating for breastfeeding rooms to be included in the new hospital build. • Breastfeeding routinely discussed at the WCTO/SUDI Quality Improvement Steering Group meetings. • SUDI Safe Sleep Programme – provide breastfeeding flyers about free breastfeeding apps available to new mothers with safe sleep spaces; breastfeeding strongly advocated for in all safe sleep training programmes and pregnancy and parenting sessions; • Ongoing distribution of Mama Aroha information on breastfeeding.

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			Intervention Logic - There is a clear intervention logic outlining how the activities listed will improve Māori health outcomes and reduce health inequalities. • This is included in the Maori Health Strategic Plan but will be reviewed at the Breastfeeding hui. Review will also occur following release of national breastfeeding strategy. Monitoring/Evaluation • Southern DHB undertakes ongoing monitoring against plans where breastfeeding activity is detailed. Plans include SI Alliance WCTO, Maternity Quality and Safety, Southern district WCTO and SUDI plans and System Level Measures - all to a view of ensuring ongoing quality improvement and that increases in equity are occurring.
CW07: Improving newborn enrolment with General Practice	**A**	LG	

CW08: Increased immunisation at 2 years of age	**P**	LG	Result: 92.7% for total population-and 87.9% for Māori population. Pacific at 96.6%. Rank 4th out of 20 DHBs (total population). Target: 95 percent.
			
			MoH feedback:
			• Total immunisation coverage at two years has decreased by 1.1 percent this quarter and coverage for Māori children has decreased by 2.7 percent.
			• National immunisation coverage at age 2 years is still below the 95 percent target and coverage for Māori is 11.0 percent lower than for non-Māori.
			• Thank you for your ongoing drive and dedication to immunise your communities. The Ministry looks forward to seeing the outcomes of your actions to:
			  ○ Extend outreach services in Otago
			  ○ Increase the capacity of Kaupapa and Pasifika services, to enable them deliver vaccination clinics to improve coverage rates for Māori and Pacific.
			• We acknowledge the pressure DHBs have been experiencing due to COVID-19, however, continuing to provide immunisation events on time even during fluctuating alert levels is critical for the health of our communities. In the feedback received from DHBs in last quarter's reporting, it is apparent that a number of parents delayed vaccination during lockdown and that this is continuing, even as alert levels have gone down across the country.
			• In order to affectively engage with whānau who are continuing to delay vaccination, the Ministry expects that DHBs develop actions to mitigate the concerns of these whānau in collaboration with community voices.

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			• Through understanding what the new normal looks like for immunisation, DHBs are also expected to think about their service delivery models and community engagement methods. Embedding learnings from the COVID-19 response and the National Measles Immunisation Campaign will be important in improving current services and coverage. • With national coverage at 24 months for Māori being 11.0 percent lower this quarter compared to non-Māori, urgent attention and effort is required to prevent this inequity from continuing to grow. It is important that your DHB commits fully to the actions you have set to address the increasing inequities. Southern DHB report: • In quarter 1, 123/140 Māori tamariki were fully immunised at 2 years of age, there were no opt offs, 15 declines (11%) and 2 were missed (did not receive their full immunisations by 2 years) in this population group. • 28/29 Pacific 2 years olds were fully vaccinated, there were no declines or opt offs in this population group. Meaning 1 Pacific 2 years old was missed. • With 696 of the total population being identifying as non-Māori, 652 of these were fully vaccinated at 2 years, the total coverage for this group was 94%. • Therefore, the equity gap between Māori and non-Māori was 6%, as a result Southern DHB did not achieve the 2 year target in quarter 1. Actions to address issues/barriers impacting on performance • Many GP practices are still catching up after COVID-19. Referral to Outreach immunisation service has increased. It is anticipated that referrals to Outreach services will increase further following the schedule changes and the 12-month MMR event. It is expected that this will put extra pressure on practices to recall children. • It has been noted that more Maori families have been declining immunisations post COVID-19. Some of these declines are from children living within the same communities. • The Vaccine Preventable Disease Team has been supporting Kaupapa services over the district to try and reach these communities and make immunisation accessible to families.
CW09: Better help for smokers to quit- Maternity	**N**	LG	Results: Overall result is 74.5% and the Māori wāhine result is 78.6% of pregnant women were given brief advice and support to quit smoking. Target: 90 percent MoH feedback: • This quarter the overall result was 74.5% and the Māori wāhine result was 78.6% of pregnant women were given brief advice and support to quit smoking. You did not meet the target this quarter, but we accept there has been disruption due to the response to COVID 19 this quarter. • When will the universal referral begin? Who is monitoring this, and how long will it continue for?

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			• We acknowledge the continuing support the DHB provides to the local stop smoking service. Well done, let's hope for an improvement in quarter one. Keep up the good work. • The number of events is likely to be lower than the number of births recorded in any one quarter; however until the National Maternity Record is fully operational (approx. 2021) then reporting on this indicator will be from data collected from MMPO and DHB employed midwifes and remains developmental. See the attached file for both the overall and Māori results for the DHB in Q1. Southern DHB response to MoH feedback: Our Outreach Midwife service provides midwifery care for women in Dunedin who have been unable to find an LMC midwife. These numbers are dropping as the numbers of LMC midwives in Dunedin recovers. The Outreach Midwives provide a universal referral to smoking cessation services, for women who are using tobacco at the time of booking. This referral can be declined, but we have found that this is rare. Our Charge Midwife monitors and reports on this, and we expect this to continue as long as we have a need for an Outreach Midwife service. Southern DHB report: What planning has occurred in your DHB to support the maternity health target, specifically for Māori and Pacific women? Please include information on how your DHB is supporting LMCs and/or DHB-employed midwives to increase the number of pregnant women being offered brief advice and support to quit smoking. • Early engagement project partnering with Maori and Pasifika community agencies to connect pregnant women to LMC midwives in first trimester • Incentives programme for smoking cessation in pregnancy/postpartum, kaupapa Maori provider, outreach to maternity wards • Smokefree champions on maternity wards • Automatic referral to stop smoking services for women booked by DHB midwifery service What actions and/or projects is your DHB undertaking that reduces smoking in pregnancy, specifically for Māori and Pacific women? • Increased funding for Smokefree Incentives programme includes two additional postnatal incentives to improve chances that future pregnancies will be smokefree
CW10: Raising Healthy Kids	**A**	LG	

<table>
<tr><th>Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td>CW12: Youth mental health initiatives</td><td>A</td><td>LG</td><td></td></tr>
<tr><th>Improving Mental Wellbeing</th><th>Final Rating</th><th>Owner Initials</th><th>Achieving Government's Priority Goals/Objectives and Targets</th></tr>
<tr><td>MH02: Improving mental health services using well and transition (discharge) planning</td><td>P</td><td>LG</td><td>Results:
<table>
<tr><td rowspan="2">Community</td><td>Percent of clients with a transition (discharge) plan</td><td>Target</td><td>Percent of clients with a wellness plan</td><td>Target</td></tr>
<tr><td>57.9%</td><td>95%</td><td>84.4%</td><td>95%</td></tr>
<tr><td rowspan="2">Inpatient</td><td>Percent of clients with a transition (discharge) plan</td><td></td><td></td><td></td></tr>
<tr><td>100%</td><td>95%</td><td></td><td></td></tr>
</table>
Notes: Report is based on DHB data, rolling 1 year (3 months in arrears). The data being referenced covers the period Jul 2019 to Jun 2020.

MoH feedback:
It is good to see the continued 100% of people being discharged for inpatient units with a plan.

Southern DHB report:
DHB commentary re Inpatient clients:
• All clients discharged from inpatient settings have in place a discharge plan that is uploaded into the clinical workstation (Health Connect South), accessible also by GPs / PHOs via HealthOne.

DHB up-to-date tracking of community clients
• A more up-to-date analysis of community clients (current and discharged) shows improvements that will be borne out in MoH Quarterly reporting over time.</td></tr>
<tr><td>MH03: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds</td><td>P</td><td>LG</td><td>Results:
<table>
<tr><td></td><td>Percent of 0-19 year olds were seen within 3 weeks</td><td>Target</td><td>Percent of 0-19 year olds were seen within 8 weeks</td><td>Target</td></tr>
</table></td></tr>
</table>

<table>
<tr><th>Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td colspan="2"></td><td></td><td>
<table>
<tr><td>Mental Health Provider Arm</td><td>72.0%</td><td>80%</td><td>89.1%</td><td>95%</td></tr>
<tr><td>Addictions (Provider Arm and NGO)</td><td>73.7%</td><td>80%</td><td>94.7%</td><td>95%</td></tr>
</table>
Rolling annual waiting time data is provided from PRIMHD (3 months in arrears). The most recent data being referenced covers the period Jul 2019-Jun2020.

Southern DHB report:

Identify what processes have been put in place to reduce waiting times
• In context of increasing access rates for this age group we are pleased to note sustained stable wait times, this remains a challenge post COVID and with vacancies in some key roles.
• Ongoing monitoring occurring within teams occurs.
• Alcohol and Other Drug services are dispersed and located in our rural / provincial teams. Screening occurs at all entry points in our services and the most appropriate pathways and treatment modalities are instigated based on patient need. We are also engaged with the South Island regional addiction work plan in collaboration with the other South Island DHBs.
• Annual Plan actions include
  ○ Evaluate the repatriation of regional addiction services to ensure they meet local needs
  ○ Co-design mental health and addiction system and identify opportunities for integrated with greater consumer and whanau centric support and services (physical health, addiction, mental health)</td></tr>
<tr><td>MH04: Mental health and addiction service development</td><td>FA1</td><td>P</td><td>LG</td><td>Focus area 1: Primary mental health

MoH feedback:
• Thank you for your report. We note you are utilising packages of care to meet demand. Please explain why you have reported no adult packages of care in quarter 1

Southern DHB report:
Overall assessment of services delivered
• There has been a 40% increase in referrals across the Southern District this quarter with an 87% increase in referrals in the Central Lakes District for the month of August. Despite the significant increase in demand wait times to be seen are consistent with this time last year. There remains a mixed model of service delivery with both tele and virtual health and in person options made available to clients. This mixed model provides the opportunity for clients to have the choice in the way they access the service which improves accessibility and engagement. We are continuing to utilise Packages of Care in some areas to meet the demand and ensure timely access to support.</td></tr>
</table>

Measure		Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
				Any major achievement/successes • The reduction of wait times coming out of level 4 was a positive and the introduction of alternative ways to deliver the service. The ability to maintain wait times to levels consistent with the previous year despite a significant increase in referral numbers across the district. The growing opportunities to explore more collaborative ways of working across the sector which will improve access to services and client care. The introduction of the Integrated Primary Mental Health Service is encouraging proactive discussions between secondary and primary mental health services in regards to collaborative care and seamless referral pathways. Major issues that have affected the achievement of contracted services • The changing COVID levels has caused significant disruptions and delays in service delivery. These changing levels have seen increase in cancellations and the need for appointments to be rescheduled. This has created delays in clients being seen who are waiting. Recruitment into the Oamaru area remains a challenge but we continue to actively recruit. We have clinicians travelling from Dunedin to provide the service to this area despite this referral numbers and wait times have increased recently. We have a plan to reduce wait times in the coming months. Whether the service has been externally evaluated/reviewed/audited and the status of recommendations made • There has been no external audit of the service in this quarter.
	FA2:	**A**	LG	FA2: District suicide prevention and postvention
	FA3	**P**	LG	FA3: Improving crisis response Services MoH feedback: • We note you have developed and are recruiting for newly funded 0.7 FTE Educator positions with the two main Emergency Departments in Dunedin and Invercargill. Also note you will expand this to the districts rural hospital emergency departments which will likely be in the first quarter of 2021. We look forward to future developments and evaluations. Southern DHB report: • The SDHB Mental Health and Addictions Service has worked closely with the two main Emergency Departments in Dunedin and Invercargill to develop the newly funded 0.7 FTE Educator position. • The person description and internal process for approval to recruit has been completed. The position was subsequently advertised and interviews are scheduled for mid October. The service is confident an appointment will be made. The aims of the role as outlined in the Service Specification will be used as the basis of how this new position will be developed. Stage two of the role out of this role will include expanding to the districts rural hospital emergency departments which

Measure		Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
				will likely be in the first quarter of 2021. Although the role is aligned with the Mental Health Addictions service the intention is for the appointee to be positioned and present in the ED environment(s). • The service will develop a process to monitor and evaluate the effectiveness of having an educator working alongside both the regulated and non regulated workforce that is focusing on improving and enhancing responses to people experiencing a mental health crises.
	FA4	**A**	LG	FA4: Improve outcomes for children
	FA5	**A**	LG	FA5: Improving employment and physical health needs of people with low prevalence conditions
MH05: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders		**P**	LG	Result: As reported by MoH, for the period between Jul19 and Jun20, the percentage of patients under Mental Health Act Section 29 in Southern DHB who are Māori was 245/100,000 and who are non-Māori was 86/100,000 Southern DHB report: • Following the review of the Southern DHB Maori Directorate, Maori health staff have been allocated to the range of MHAID services, while maintaining a team base. Although many orientations to their respective new services have been interrupted by the COVID period, the majority are settling into their roles, and we hope with this approach we will achieve better integration and access to cultural care, particularly where Maori may present in crisis, and in the CMHT settings. MHA client numbers by ethnicity (including Māori) continue to be incorporated into SMO annual performance reviews to raise awareness of personal and relative numbers of Māori under the MH Act. • While this data is subject to ongoing scrutiny and monitoring, the Zero Seclusion strategy group is also currently being re-energised, with a continued focus on the point of admission through the crisis teams and CMHT's, and emphasis on the quality of EWS and RPP's. It is hoped the combination of this focus and increased cultural access may help to reduce use of the MH Act at the point of relapse or crisis and/or during the course of their inpatient stay overall, but in particular for Maori. • The DAMHS is about to undertake a review of Maori who have been on section 29's for longer than 5 years
MH06: Mental health output delivery against plan		**A**	LG	

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
MH07: Improving the health status of people with severe mental illness through improved acute inpatient post discharge community care	**A**	LG	
Better Population Health Outcomes Supported by Strong and Equitable Public Health Services			**Achieving Government's Priority Goals/Objectives and Targets**
Care Capacity Demand Management	**A**	JW	
SS01: Faster cancer treatment (31 days)	**A**	PN	Result: 86.5% (84.7% last quarter). Target is 85%, ranked 19th out of 20 DHBs. National result: 90.5%
SS02: Delivery of Regional Service Plans	**P**	LG	SIAPO reports on activity and progress on the South Island Health Services Plan.
SS03: Ensuring delivery of Service Coverage	**A**	LG	
SS04: Implementing the Healthy Ageing Strategy	**A**	LG	
SS07 Planned care measure 1	**P**	PN	MoH overall response on Planned Care Measures • Minor Procedures impacting on over all intervention volumes. ESPI 2 and 5 improving in compliance. Diagnostics: CT improving, MRI slight decline in September. Information in additional documents attached noted. Approved capital

<table>
<tr><th colspan="2">Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td>measures</td><td></td><td></td><td></td><td>expenditure and service improvement bids under the $282.5m initiative will contribute to improving results as will the finalisation of an Improvement Action Plan with the Ministry.

Planned care measure 1: Planned Care Interventions (September 2020)
<table>
<tr><th>Procedure</th><th>Result</th><th>Target</th><th>Exceptions report</th></tr>
<tr><td>Inpatient Surgical Discharges</td><td>102.6%</td><td>95%</td><td>No report required</td></tr>
<tr><td>Minor Procedures</td><td>74.6%</td><td>95%</td><td>There is a delay in reporting of the community minor operations which affects our performance. For 2020/21 skin lesions previously treated in the hospital will be seen and treated in the community which will increase the number of community minor operations by approximately 800-1000 for 2020/21
The skin lesion programme will commence in the second quarter of 2020/21.</td></tr>
<tr><td>Inpatient CWDs</td><td>102.7%</td><td>95%</td><td>No report required</td></tr>
<tr><td>Planned care interventions</td><td>89.8%</td><td>100%</td><td>The physical therapy programme for spinal patients introduced in 2019/20 in Southland will be extended onto the Dunedin site for 2020/21
The programme will commence in the third quarter of 2020/21</td></tr>
</table>
Target: DHBs will provide 100% of their agreed Planned Care interventions for each quarter</td></tr>
<tr><td></td><td>Planned care measure 2</td><td></td><td>PN</td><td>Planned care measure 2: Elective Service Patient Flow Indicators
<table>
<tr><th></th><th>Jul Result</th><th>Aug Result</th><th>Sep Result</th><th>Target</th><th>Exception report</th></tr>
<tr><td>ESPI 1</td><td>100%</td><td>100%</td><td>100%</td><td>90%</td><td>Not required</td></tr>
<tr><td>ESPI 2</td><td>29.7</td><td>29.8%</td><td>15.0%</td><td>100%</td><td>Actions that are part of the improvement action plan are to introduce the MOH prioritisation tool to balance capacity and demand for FSA appointments, run additional clinics with current staff, to employ Fellows for Orthopaedics and General Surgery for 12 months, to use the acuity tool to ensure that long wait patients are seen, waitlist maintenance i.e. regular checking of longwaiting patients, employ specialist nurses for</td></tr>
</table></td></tr>
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Measure		Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses					
									general surgery and orthopaedics to see patients within their scope which allows SMOs to see FSA patients, ensure that clinics are booked with a minimum number of FSA's. For those services with a lesser number of breaches i.e. less than 100 the aim is to be compliant within 6 months. For those greater than 100 such as Orthopaedics and ENT to target is a downward trajectory leading to compliance by Oct 21 and Aug 22 respectively
				ESPI 3	0.1%	0.1%	0.2%	0%	Not required
				ESPI 5	37.4%	32.1%	28.3%	100%	Actions that are part of the improvement action plan are to apply additional funding for private hospital lists to focus on long wait patients; from July 20 to Dec 20 we are running Saturday elective surgery lists for long wait patients, daily meetings to review elective list utilisation, additional 16 hours of acute theatre time each week to reduce the number of elective cancellations, list maintenance to ensure that long wait patients are prioritised, evening lists being run to add one additional patient for orthopaedics, introduction of the CPAC score for Urology and employment and to introduce the prioritisation tool into ESPI 2 which will reduce the conversion rate to the inpatient surgical waitlist For those services with a lesser number of breaches i.e. less than 100 the aim is to be compliant within 6-12 months. For the services that are greater than 100 such as Orthopaedics and General Surgery Southern DHB plans to focus for the next 12 months on reducing ESPI 2 breaches and then will focus on ESPI 5 breaches. During this time we plan to not deteriorate our ESPI 5 compliance further.
				ESPI 8	99.4%	99.7%	99.7%	100%	Not required
				Expectations: ESPI 1 target: DHB services will appropriately acknowledge and process more than 90% of referrals in 15 calendar days or less.					

<table>
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<tr><td></td><td></td><td></td><td></td><td>ESPI 2 target: No patients are waiting longer than four months for their first specialist assessment (FSA.)
ESPI 3 target: 0 patients in Active Review with a priority score > the aTT (Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT)
ESPI 5 target: 0 Assured patients are waiting over 120 days (Patients given a commitment to treatment but not treated within four months)
ESPI 8 target: 100% of patients were prioritised using nationally recognised processes or tools</td></tr>
<tr><td></td><td>Planned care measure 3</td><td></td><td></td><td>Planned care measure 3: Diagnostics waiting times - Angiography, Computed Tomography (CT) and Magnetic Resonance Imaging (MRI)

Results: Southern DHB did not achieve the CT and MRI indicators: 95 and 90% of referrals (respectively) receiving their scan within 42 days of acceptance during quarter one of 2020/21. There has however been improvement on the previous quarter across both modalities.

Diagnostic waiting times – Quarter 1 results
<table>
<tr><th>Diagnostic</th><th>Result</th><th>Target</th><th>Exception report</th></tr>
<tr><td>Angiography</td><td>99.6%</td><td>95%</td><td>Not required</td></tr>
<tr><td>CT</td><td>64.9%</td><td>95%</td><td>Result driven by Dunedin CT. Actions that are part of the improvement action plan are to apply additional funding for private scans. Approval has also been gained from the DHB board to resource permanent evening shifts with MITS, RMO and Nursing. Recruitment underway and expected start date is September 2020. A full business case for a second CT scanner is being developed.

Compliance expected to be achieved by the first quarter of 2021/22. Also see below for additional detail.</td></tr>
<tr><td>MRI</td><td>51.3%</td><td>90%</td><td>Results driven by Dunedin MRI. Weekend and evening shifts are already part of business as usual. Actions that are part of the improvement action plan are to apply additional funding for private and South Canterbury DHB scans. There has been an increase in the budget for Dunedin outsourcing however it is unlikely that either of these mitigations will create a sustainable</td></tr>
</table></td></tr>
</table>

Measure		Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
				solution and this will need to be revisited during the year to find a more sustainable solution. Compliance expected to be achieved by the first quarter of 2021/22. Also see below for additional detail.

Additional commentary: CT

Month	CT Performance
July 2020	62.3%
Aug 2020	65.6%
Sep 2020	66.7%

CT performance improved during Q1, flattening out in September 2020. This was due to additional activity funded in large part by MoH in June and July, as well as a continuing high level of performance at Southland Hospital. The variance in CT from the required target is explained primarily by the fact that Dunedin performance continues to be affected by very high levels of acute demand, which saw historic highs in July 2020 (715 requests vs 574 the previous year) and has continued to be higher than 2019 levels.

Additional commentary: MRI

Month	MRI Performance
Jul 2020	49.5%
Aug 2020	54.6%
Sep 2020	50.1%

The improvement in MRI performance in Q1 can also be attributed in part to MoH funding for additional activity in June and July. Improvement was not as high at Dunedin as would have been hoped for owing to a two week equipment outage experienced in the latter half of August. However this was offset by a concerted effort at Southland Hospital to reduce their waitlist prior to the scanner being decommissioned on 14 August. The replacement scanner was commissioned on 30 September 2020 by which time the waitlist had grown less than predicted (c.270 vs predicted 300). Some deterioration is expected in Q2 as Southland works to catch up on work deferred by the replacement project. The variance in MRI from the required target is explained primarily by demand for both acute and elective MRI exceeds capacity at Dunedin.

Southern DHB intends to address the issues principally being experienced at Dunedin through:

- Outsourcing of long waiting Cardiac MRI examinations to a private provider

<table>
<tr><th colspan="2">Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td></td><td></td><td></td><td></td><td>

- Border change to direct some rural patients to Southland Hospital for MRI. This will utilise IAP funding to increase Southland MRI staffing.

Owing to the service now operating seven days per week and with evening sessions on weeknights, the feasibility of a second MRI for Dunedin Hospital should also be investigated. Expected future demand increase is likely to outstrip our budget for outsourcing and additional equipment may prove more cost effective. Initial discussions concerning this have commenced.
</td></tr>
<tr><td></td><td>Planned care measure 4</td><td></td><td>PN</td><td>
Planned care measure 4: Ophthalmology Follow-up Waiting Times
<table>
<tr><th>Jul Result</th><th>Aug Result</th><th>Sep Result</th><th>Target</th><th>Exception report</th></tr>
<tr><td>11.1%</td><td>12.1%</td><td>5.9%</td><td>0%</td><td>Actions that are part of the improvement action plan are to provide locums, run additional clinics and utilise community optometrists. Currently fully staffed on both sites however it will likely take most of the year to recover (without further COVID resurgence). Ophthalmology is particularly susceptible to reductions during COVID due to overcrowding in waiting rooms and close proximity during outpatient clinics.

The recovery trajectory as part of the improvement action plan sees the follow up waiting list reduced to zero by December 2021. Currently the waiting list for the district is 4,540 patients and we plan to have reduced this by 2,279 to a total waitlist of 2,261 by June 2021.</td></tr>
</table>
Expectation: No patient will wait more than or equal to 50% longer than the intended time for their appointment.
</td></tr>
<tr><td></td><td>Planned care measure 5</td><td></td><td></td><td>
Planned care measure 5: Cardiac Urgency Waiting Times
<table>
<tr><th></th><th>Jul Result</th><th>Sep Result</th><th>Target</th><th>Exception report</th></tr>
<tr><td>Cardiac urgency waiting times (nos.>90 days)</td><td>8</td><td>4</td><td>0</td><td>We continue to monitor and prioritise clinical need. This includes, weekly MDT meeting for the following week surgery plus outplacing at private hospital for lower risk outpatients. The completed ICU build (main constraint to delivery) is estimated to be 18 months away (This has been extended from 12 months to 18 months due to air condition issues). Whilst there are no more ICU beds, there is likely to be more flexibility with increased staffing across the week.</td></tr>
</table>
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</table>

<table>
<tr><th>Measure</th><th></th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td></td><td></td><td></td><td></td><td>
<table>
<tr><td></td><td></td><td></td><td></td><td>Currently achieving target end September 2020</td></tr>
<tr><td>Cardiac delivery</td><td>200.0%</td><td>113.4%</td><td>95%</td><td>No report required</td></tr>
</table>
Expectation: All patients (both acute and elective) will receive their cardiac surgery within the urgency timeframe based on their clinical urgency; August data not available
</td></tr>
<tr><td></td><td>Planned care measure 6</td><td></td><td>GaT</td><td>
Planned care measure 6: Acute Readmissions
Result: Southern DHB rate 11.9%; National rate: 12.1% (Year to Jun 2020)
Southern DHB year end target for the acute readmission rate (standardised readmission rate): less than or equal to 11.7%.
<table>
<tr><th></th><th>Result</th><th>Target</th><th>Status of action/milestone</th></tr>
<tr><td>Acute readmissions</td><td>11.9%</td><td>≤11.7%</td><td>
• The implementation of the discharge bundles to reduce emergency readmissions within 28 days of discharge commenced in the Dunedin medical ward from May 2018. Some components of the bundle are consistently achieved, for others processes are being reviewed & staff educated.
• Nurse led discharge checklists which prompt nursing staff to communicate with patients/family whanau, around their hospital admission, instructions following discharge and what to do if they have any difficulties.
  ○ Achieved in Dunedin 8 Med.
• All patients on 8 Med are advised to see their GP within 5 days of discharge for review. GP's are prompted to consider patient enrolment in CLIC.
  ○ Achieved in Dunedin 8 Med.
• The pharmacy team has been working on a project to identify ways to improve medicines reconciliation rates. Some initial success has been achieved in a test area, we will look to spread this to the medical ward in 2020.
  ○ Not currently happening, however the pharmacy team have added resource to target med reconciliation in Dunedin ED
• Referrals to the Home team are made where appropriate
  ○ Achieved Southland and Dunedin
• A discharge checklist was introduced for patients admitted with COPD from July 2019 to the Dunedin respiratory ward and Invercargill Medical ward as part of an integrated care plan in conjunction with primary and community services. Dunedin improved from 2019 calendar year rate of
</td></tr>
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<table>
<tr><th>Measure</th><th></th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td></td><td></td><td></td><td></td><td>17.7 to first quarter of 2020 to 3.85% and in Southland from 18.7 to 15.15 (HRT data)
○ Achieved Dunedin, partial achieved Southland
• COPD patients are offered a free GP follow up appointment on discharge (funded by Well South)
○ Achieved Dunedin, partial achieved Southland
• Health Care Homes initiative continues to roll out with 14 practices (115,000 patients) working through this process. Freeing up available primary care appointments through GP triage.
○ Partial achieve - ongoing</td></tr>
<tr><td></td><td>Planned care measure 7</td><td></td><td>PN</td><td>Planned care measure 7: Did Not Attend Rates (DNA) for First Specialist Assessment (FSA) by Ethnicity (Developmental)<table><tr><th></th><th>Result</th><th>Exception report</th></tr><tr><td>FSA DNA by ethnicity – data quality</td><td>Developmental</td><td>Analysis of DNA rates by ethnicity presented to Telehealth group, Māori leadership group, Administration team, Faster Cancer Treatment Steering Group, Rural Hospitals. Plans include:
• Develop education package for Admin staff regarding equity, DNAs and the equity plan
• Develop a process (and application) for identifying high DNA risk patients referred for Radiology and Outpatients – using the Cancer Nurse Coordinator application as a basis for engaging with patients differently
• Develop options for improved engagement to attend clinics</td></tr></table></td></tr>
<tr><td rowspan="2">SS09: Improving the quality of identity data within the National</td><td>Focus Area 1</td><td>A</td><td>MC</td><td>Focus Area 1: Improving the quality of data within the NHI</td></tr>
<tr><td>Focus Area 2</td><td>P</td><td>MC</td><td>Focus Area 2: Improving the quality of data submitted to National Collections

MoH response:
• Thank you for your feedback. For Indicator 1, NPF has accurate dates and links to NBRS, NMDS and NNPAC, the Ministry is aware that the DHB is putting in a lot of work behind the scenes to improve data quality. As there have been some issues with your extract tool we appreciate the fixes and catch up are taking longer than you would like as a result. We are happy for you to submit as many batch files as you need. We also appreciate your participation at our regional group sessions. Please contact the Data Management team at operations@health.govt.nz if there is any assistance we can provide.</td></tr>
</table>

<table>
<tr><th colspan="2">Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td rowspan="2">Health Index (NHI) and data submitted to National Collections</td><td></td><td></td><td></td><td>

Thank you for your feedback regarding NNPAC for Indicator 2, National Collections Completeness. While the results are lower than previous quarters, the Ministry acknowledges the effect COVID and the Level 4 lockdown has had on these numbers.
Well done on the rating for Indicator 3, Assessment of data reported to the NMDS, this shows a real commitment to data quality.

Southern DHB report:

Indicator 1 NPF collection has accurate dates and links to NBRS, NMDS and NNPAC - Southern is progressing with the plan provided in last quarters report. Some dedicated resource has been allocated to addressing the NPF matching issues. This quarter a significant volume of NPF data for RIS/Titanium/Mosaig/Cardiobase has been discovered as not being submitted – this data is currently being sent as quickly as possible. SDHB also has some issues with the Alcidion software which makes submitting large volumes of data in small 10,000 record batches very manual. Work continues also on errors, checking interfaces, audits and reconciliations. SDHB is also meeting fortnightly with the South Island Regional NPF group, hosted by Libby Antoun, Ministry of Health
Indicator 2 National Collections Completeness - Some additional reconciliations are being done with NNPAC to double check completeness. However, overall Southern is comfortable with the completeness of these extracts
Indicator 3 Assessment of data reported to the National Minimum Data Set (NMDS) - SDHB is pleased to be achieving on this indicator

Indicator 1 – NPF collection has accurate dates and links to NBRS, NMDS and NNPAC for FSA and planned inpatient procedures
Status: Not achieved
<table>
<tr><th></th><th>Num</th><th>Denom</th><th>%</th></tr>
<tr><td>NNPAC</td><td>5262</td><td>8191</td><td>64.24%</td></tr>
<tr><td>NMDS</td><td>907</td><td>2781</td><td>32.61%</td></tr>
<tr><td>NBRS</td><td>1108</td><td>2604</td><td>42.55%</td></tr>
</table>
NB: Greater than or equal to 90% and less than 95%

Indicator 2: National Collections Completeness
Status: No rating assigned to Indicator 2 this quarter

Indicator 3: Assessment of Data Reported to NMDS
Status: Achieved
</td></tr>
<tr><td>Focus Area 3</td><td>A</td><td>MC</td><td>Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)</td></tr>
</table>

<table>
<tr><th>Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td>SS10 Shorter stays in Emergency Departments</td><td>N</td><td>PN</td><td>
Results: 82.2 % (last quarter 85.9%) admitted, discharged, or transferred from an Emergency Department (ED) within six hours (target is 95%). Ranked 16th out of 20 DHBs. National result is 87%.

MoH feedback:
It is disappointing to see a fall in performance this quarter. Performance is slightly higher for Maori and Pacific peoples. As the major area of poor performance is your admitted stream, the potentially most fruitful initiative will be the additional resource to implement a generalist acute admission model, assuming this is sufficiently supported by staffed and available hospital beds. The HOME initiative also sounds promising. On a positive note it is good to see appropriate use of ED short stay and your efforts to improve care for mental health patients presenting to ED. Thank you for your suggestions on how the MOH can help. Acute care is now under the same directorate as planned care within the Ministry and we are reconvening a sector advisory group with the aim of better integration of the acute and planned care streams nationally

Southern DHB report:
<table>
<tr><th>Facility</th><th>% managed within 6 hours</th></tr>
<tr><td>Dunedin ED</td><td>74.63%</td></tr>
<tr><td>Lakes District ED</td><td>95.07%</td></tr>
<tr><td>Southland ED</td><td>86.13%</td></tr>
<tr><td>Southern DHB</td><td>82.19%</td></tr>
</table>

Actions undertaken this quarter to maintain or improve the indicator

During COVID 19 level 2 there was a requirement to screen all patients and all visitors on arrival but level 1 no visitors screened.
Dunedin hospital escalation plan completed and to be sent to all Clinical Directors for feedback.
Dunedin ED overflow into fracture clinic after 4pm and on weekends
Southland ED COVID-19 phased response plan updated in response to COVID-19 resurgence.
Southland ED continues to exceed capacity and overflows into other areas as required.

Planned work for next quarter

Fit 2 to Sit 8 chairs expansion of ambulatory area to be completed by December
Older Person’s Assessment Liaison process continuing.
Board rounding done by EDSOMs several times a day.
Continue to embrace use of telehealth to enable care to be delivered to anywhere within SDHB.
SDHB is supporting patients to remain at home or if an admission is necessary to return home as soon as possible. HOME teams established Southland and Dunedin.

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<tr><td></td><td></td><td></td><td>

Emergency departments having regular contact and liaison with Mental Health services.
Older Person’s Assessment Liaison service in DN ED permanent.
Despite this, increasing numbers of people attending EDs in the Southern district continue to place pressures on the system.
Additional resource to fully implement generalist acute admitting model of care by December20/20
Southland ED – prioritised work to address demands on the physical space.

Barriers to achieving or maintaining the indicator

Poor ED flow
Lack of space
Access block getting people out of ED into inpatient beds

What support can the Ministry provide

Support the MAU business cases for Dunedin and Invercargill to improve ED flow and improve SEED target.
Recognition that acute flow is as important as elective work.

Data on acutely admitted patients: Provide your data on target performance split by those patients who are discharged from the Emergency Department directly and those who are admitted to an inpatient hospital ward (not a statistical ‘admission’ based on the three-hour funding rule)
<table>
<tr><td></td><td>Total Attendances</td><td>In ED over 6 hrs</td><td>% over 6 hrs</td></tr>
<tr><td>Not admitted</td><td>5427</td><td>2571</td><td>47.4%</td></tr>
<tr><td>Admitted</td><td>18829</td><td>1749</td><td>9.3%</td></tr>
<tr><td>Total</td><td>24256</td><td>4320</td><td>17.8%</td></tr>
</table>
For those Admitted to an inpatient ward, provide a separate report of target performance by service
<table>
<tr><td></td><td>Total admitted from ED</td><td>In ED over 6 hrs</td><td>% over 6 hours</td></tr>
<tr><td>Medical (incl. all subspecialties</td><td>2937</td><td>1467</td><td>49.9%</td></tr>
<tr><td>O&G</td><td>184</td><td>63</td><td>34.2%</td></tr>
<tr><td>Orthopaedics</td><td>612</td><td>226</td><td>36.9%</td></tr>
<tr><td>Other</td><td>268</td><td>38</td><td>14.2%</td></tr>
<tr><td>Surgical (all subspecialties except Ortho and O&G)</td><td>1426</td><td>777</td><td>54.5%</td></tr>
<tr><td>Total</td><td>5427</td><td>2571</td><td>47.4%</td></tr>
</table>
</td></tr>
</table>

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses

Provide data on the number and proportion of patients admitted to an Emergency Department Short Stay Unit (SSU) that are subsequently admitted to an inpatient ward

	Admitted to SSU	Transferred to inpatients from SSU	% transferred
Total	2500	500	20.0%

Provide data on what proportion of patients counted in your denominator that have an Emergency Department stay <15 minutes and where they go (discharged or admitted)

	Total ED attendances	# under 15 mins and discharged	# under 15 mins and admitted	Total stayed under 15 mins	% < 15 mins
Total	24256	315	31	346	1.4%

Acute demand actions from Annual Plan

Acute Data Capturing: Please provide an update on your plan to implement SNOMED coding in Emergency Departments to submit to NNPAC by 2021

1. DXC (Vendor) has been requested to modify EDIS to allow capture of SNOMED codes. DXC have estimated that this upgrade and functionality will be available to all EDIS clients by Q4 2020/21 (dependency on DXC). Note this is a delay from Q2 2020.
2. SDHB EDIS User Group has been engaged with the requirement to implement SNOMED coding by July 2021. However with the delay in delivery of required functionality in EDIS the review of code sets and process changes have been delayed until Q2 2020.
3. A detailed implementation plan will be provided to the Ministry in Q3 2020/21. Including review of code sets, process changes, iPM collection for rural ED's, report and NNPAC extract reviews/changes, interfacing review, testing and training.
4. SDHB is targeting Q4 2020/21 for the implementation of SNOMED for ED (dependency on DXC delivery).

To improve Patient Flow, please report on actions from your Annual Plan that:

Improves patient flow for admitted patients

- We have completed a business case for additional to implement a new model of care-generalism in Dunedin hospital which will when implemented improve ED performance. To be approved in November. Work is occurring at both Dunedin & Southland EDs and initiatives include a fast track area, a PAU and scoping out opportunities for facility upgrades to provide a dedicated short stay units (MAUs)

<table>
<tr><th>Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td></td><td></td><td></td><td>Improves management of patients to ED with long-term conditions
• Supporting patients to remain at home or, if an ED presentation or hospital admission is necessary, to return home as soon facilitated by allied health (HOME) Team established across Dunedin and Southland sites.

Improve wait times for patients requiring mental health and addiction services who have presented to the ED
• Dedicated SMO liaison holding mental health portfolio and recruitment of a dedicated Mental Health Educator underway.

Improves Māori patients experience in ED
• Some dedicated FTE will be put into the Dunedin and Invercargill EDS Monday to Friday by December 2020</td></tr>
<tr><td>SS11: Faster cancer treatment (62 days)</td><td>N</td><td>PN</td><td>Results: 73.0% achievement (64.3% achievement last quarter). Target is 90%; ranked 19th out of 20 DHBs. National average: 89.3%. (Data based on patients who received their first cancer treatment (or other management) between 1 Apr 2020 and 30 Sep 2020).

Ministry feedback:
• Thank you for providing this report and the rationale for not achieving this measure. Te Aho o Te Kahu (Cancer Control Agency) looks forward to an update and improvement plan in the next quarter.

Southern DHB report:
Analysis of Breaches - A heat map of 62 day capacity breaches 1 Oct 2019-to 30 Sep 2020 demonstrates breaches by treatment modality
<table>
<tr><th>Treatment modality</th><th>Breast</th><th>Gynaecological</th><th>Haemotological</th><th>Head and neck</th><th>Lower GI</th><th>Lung</th><th>Other</th><th>Sarcoma</th><th>Skin</th><th>Upper GI</th><th>Urological</th></tr>
<tr><td>Chemotherapy</td><td>3</td><td>2</td><td>4</td><td>1</td><td>2</td><td>5</td><td>0</td><td>0</td><td>0</td><td>3</td><td>0</td></tr>
<tr><td>Concurrent radiation therapy and chemotherapy</td><td>0</td><td>1</td><td>0</td><td>2</td><td>3</td><td>1</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td></tr>
<tr><td>Non-intervention management</td><td>0</td><td>1</td><td>4</td><td>0</td><td>0</td><td>0</td><td>1</td><td>1</td><td>0</td><td>1</td><td>0</td></tr>
<tr><td>Other</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Palliative care</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td></tr>
<tr><td>Patient died before treatment</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Radiation therapy</td><td>0</td><td>0</td><td>0</td><td>3</td><td>5</td><td>7</td><td>0</td><td>0</td><td>0</td><td>2</td><td>0</td></tr>
<tr><td>Surgery</td><td>7</td><td>10</td><td>0</td><td>2</td><td>13</td><td>1</td><td>0</td><td>0</td><td>3</td><td>0</td><td>7</td></tr>
</table>
</td></tr>
</table>

Measure		Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
				Targeted therapy: 2 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 Southern DHB report: • Annual FCT refresher workshop to be held on 19th November 2020. • Interest from Waikato Equity & Access CNS in the SDHB FCT tracker which will be followed up in the coming quarter. • FCT data was audited by Audit NZ on 16/9/20 and we are awaiting the report. • Due to the decline in performance in Lung and Urology (62 day), we undertook a case review of the 30 patients that breached for capacity reasons. This revealed that the urology surgical treatments were being prioritised at 6 weeks, not 31 days from decision to treat. We are working to correct this and this will be monitored monthly as this should improve urology overall result. We did not find any themes in lung cancer that would account for a lower performance however this will be monitored closely over the next quarter. • The DHB is developing FCT Dashboards which will assist to identify problems more quickly and using real time data from multiple sources. We will be able to update in the next quarterly report our progress with this.
SS13: Improved management for long term conditions (LTC)	Focus area 4:	**A**	PN	Focus area 4: Acute heart services
	Focus Area 5:	**P**	LG	Focus Area 5: Stroke service MoH feedback: Thank you for your report. What can the two major hospitals do to support the smaller hospitals to provide an appropriate acute admitting stroke service to their patients? Great to see the support telestroke is providing to the smaller hospital populations. Inpt rehab looks to be a good service, with improvement still needed with outcomes for comm rehab. Is the lead stroke physician position filled at Invercargill? Southern DHB response to MoH feedback: Education and support involves both Clinical Nurse Specialist (CNS) and Physician-lead support. CNS resourcing provides direct support and education for setting up & commencing thrombolysis. This is paired with open educational forums – for example the latest stroke study day which all smaller hospitals were invited to was held in September. Physician resource is available for Rural GPs and for rural hospital teams to consult on acute stroke investigations care including stroke management plans and rehabilitation. Southern DHB result: Indicator 1: 80% of stroke patients admitted to a stroke unit or organised stroke service, with a demonstrated stroke pathway

Measure		Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses

Site	Numerator	Denominator	Percentage
Dunedin	81	87	93.1%
Invercargill	38	44	86.4%
Dunstan	0	12	0.0%
Oamaru	0	12	0.0%
Total	119	155	76.8%

Note: Indicator results and numbers are for the previous quarter (i.e. Q1 results in Q2) with narrative to include comments around indicator results also narrative for current reporting quarter activities

Indicator 1: Southern DHB commentary

- Both Dunedin Hospital and Southland Hospital exceeded the target. Both are continually improving the facility to accommodate more stroke inpatients.
- Dunstan Hospital and Oamaru Hospital are small rural hospitals with a small number of stroke patients. They do not have the scale or number of patients to meet the definition of a stroke unit or organised stroke service.

Indicator 2: 10% of potentially eligible stroke patients thrombolysed 24/7			
Site	Numerator	Denominator	Percentage
Dunedin	4	66	6.1%
Invercargill	2	39	5.1%
Dunstan	2	10	20.0%
Oamaru	1	10	10.0%
Total	9	125	7.2%

Indicator 2: Southern DHB commentary

- Telestroke is key to improving thrombolysis rates. Hardware issues have prevented the installed telestroke carts working as planned. IT has worked closely with Vivid to resolve the issues. All the network switches have now been replaced and initial tests are the telestroke carts should work as intended. They are progressively being reintroduced in October.
- In the interim the relationships with Christchurch continue to be used, albeit via phone. Christchurch has supported the rural hospitals to thrombolyse a number of suitable stroke patients.

Indicator 2: Dunedin site commentary

- Thrombolysis rates were lower in this quarter. There may be the impact on delayed presentation due to COVID but at this stage we do not have information to support this. There is often variation between quarters. The link between the

Measure		Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses

Dunedin and Christchurch teams appears to be functioning well. One patient sent for stroke clot retrieval from Dunedin. We are working with ED to reduce our door to needle time.

- There is one thrombolysis patient done at Lakes Hospital and the transferred to Dunedin ASU to be added to the SDHB thrombolysis numbers.

Indicator 2: Invercargill site commentary

- There were two patients thrombolysed during this period (Q4). Other patients in the denominator were outside thrombolysis window due to time, comorbidity and recent infarct (1 Patient). During this time 3 NZ Maori + 1 Samoan patient presented with strokes but not thromboloysed due to being outside time window/ Haemorrhage.
- Timely presentation for thrombolysis has been a continual challenge. Southland Hospital's Clinical Director of Medicine, Dr Prosen Ghosh has been actively promoting FAST. He released a media statement which was picked up by local newspapers urging Southlanders "to recognise the signs of a stroke and to overcome their natural stoicism so they get to hospital faster for better health outcomes."

Indicator 3: 80% of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within 7 days of acute admission

Site	Numerator	Denominator	Percentage
Dunedin	22	29	75.9%
Invercargill	13	13	100.0%
Dunstan	0	0	0.0%
Oamaru	0	0	0.0%
Total	35	42	83.3%

Indicator 3: Dunedin site commentary

- This has been a disrupted quarter for rehab services. As part of the COVID plans the space occupied by the Rehab ward on the 6th floor at Dunedin Hospital was converted to a COVID ward. Rehabilitation beds were relocated from Dunedin Hospital up the hill to Wakari Hospital. The relocation also resulted in a reduction in the number of rehabilitation beds. The ongoing issue of all rehabilitation beds being off the main hospital site, and the requirement that patients are medically stable to transfer to the Wakari site is also leading to delays in transfer. As a result patients are remaining lower at DPH to have either the early phase of their rehabilitation or all their inpatient rehabilitation there.
- The process of relocating rehab beds back to DPH has commenced.

Indicator 3: Invercargill site commentary

- Target achieved with 100%

<table>
<tr><th colspan="2">Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td colspan="2"></td><td></td><td></td><td>
<table>
<tr><td colspan="4">Indicator 4: 60% of patients referred for community rehabilitation are seen face to face by a member of the community rehab team within 7 calendar days of hospital discharge</td></tr>
<tr><td>Site</td><td>Numerator</td><td>Denominator</td><td>Percentage</td></tr>
<tr><td>Dunedin</td><td>6</td><td>12</td><td>50.0%</td></tr>
<tr><td>Invercargill</td><td>0</td><td>6</td><td>0.0%</td></tr>
<tr><td>Dunstan</td><td>0</td><td>0</td><td>0.0%</td></tr>
<tr><td>Oamaru</td><td>0</td><td>0</td><td>0.0%</td></tr>
<tr><td>Total</td><td>6</td><td>18</td><td>33.3%</td></tr>
</table>
Note: Indicator results and numbers are for the previous quarter (i.e. Q1 results in Q2) with narrative to include comments around indicator results also narrative for current reporting quarter activities

Indicator 4: Southern DHB commentary
• The disruption of COVID provided an opportunity to try and test some new ideas for all community rehab services, including stroke. It also highlighted some variances in coding, which is being looked into further.

Other Southern DHB comments - Dunedin site
• Telestroke cart’s technical issues are being resolved however the telephone discussions between the Dunedin and Christchurch teams appear to be functioning well. Both Lakes and Dunstan teams find the service from Christchurch excellent. Lakes hospital is the only hospital in SDHB with functional telestroke link but this unit NOT part of the SIAPO programme for telestroke.
• We work regularly with our local Stroke Foundation field officers and we have links for local Iwi.

Other Southern DHB comments - Invercargill site
• No clot retrieval happened during this time. But haemorrhagic stroke patients transferred to Canterbury DHB for surgical management. Invercargill is formulating a new Thrombolysis/ Clot retrieval pathway + checklist for the fast implementation of the process. Telestroke cart’s technical issues are being resolved and Invercargill team is organising a FAST campaign in October in the Southland region to promote the stroke awareness in Southland community.
</td></tr>
<tr><td colspan="2">SS15: Improving waiting times for colonoscopies</td><td>P</td><td>PN</td><td>MoH feedback:
• Ministry notes a return to recommended compliance and a steady reduction in the number of people waiting longer than maximum for non-urgent colonoscopies. We appreciate that you have provided updates, however, Ministry remains concerned with the growing number of people waiting longer than maximum for surveillance colonoscopies (400 as of</td></tr>
</table>

<table>
<tr><th>Measure</th><th>Final Rating</th><th>Owner Initials</th><th>Ministry of Health Comments and DHB Responses</th></tr>
<tr><td></td><td></td><td></td><td>
August) and the clinical risk this imposes. Please provide the recovery plan (requested via Q4 2019-20) by 30 November 2020, including a trajectory for when the DHB anticipates meeting all maximum wait times.

Southern DHB report:
• Following the COVID-19 pandemic restrictions, urgent symptomatic, National Bowel Screening and higher risk surveillance colonoscopies were targeted for recovery as they represented the patients with the greatest risk of detection of significant pathology. Following recovery of waiting times for these patients the non-urgent symptomatic patients were targeted for recovery, again as they represented the cohort of patients at a higher risk. Now that these patients have been recovered we can now concentrate on recovering waiting times for the lowest risk group being routine surveillance.
• The plan for recovery is consistent with that provided for the higher risk groups in that we are looking to utilise all available resource across the Southern DHB district, including undertaking Saturday lists where we have the resource to do so. Recovery funding has been applied for from the Ministry of Health in order to provide additional nursing resource to the endoscopy suite in Dunedin to allow for greater utilisation of the available capacity. Once funding is confirmed, and recruitment is completed, then recovery of the surveillance waiting list will be accelerated. The change in surveillance guidelines that have been released will have a positive impact upon the waiting list and recovery times if it is retrospectively applied but the impact of this is currently unknown. Recovery of the surveillance waiting time indicator will take an extended period of time as, unlike the higher risk groups, we are needing to recover the surveillance waiting list whilst maintaining the waiting times for the higher risk groups. It is anticipated to be completed by June 2021.

Improving waiting times for colonoscopies
<table>
<tr><th></th><th>Indicator</th><th>Q1 Result</th></tr>
<tr><td rowspan="4">Improving waiting times for colonoscopies</td><td>90% of people accepted for an urgent diagnostic colonoscopy receive (or are waiting for) their procedure 14 calendar days or less 100% within 30 days or less.</td><td>88.89%</td></tr>
<tr><td>70% of people accepted for a non-urgent diagnostic colonoscopy will receive (or are waiting for) their procedure in 42 calendar days or less, 100% within 90 days or less.</td><td>64.7%</td></tr>
<tr><td>70% of people waiting for a surveillance colonoscopy receive (or are waiting for) their procedure in 84 calendar days or less of the planned date, 100% within 120 days or less.</td><td>35.7%</td></tr>
<tr><td>95% of participants who returned a positive FIT have a first offered diagnostic date that is within 45 calendar days of their FIT result being recorded in the NBSP IT system.</td><td>88.0%</td></tr>
</table>
</td></tr>
</table>

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
Better population Health Outcomes supported by Primary Health Care			**Achieving Government's Priority Goals/Objectives and Targets**
PH01: Improving system integration and SLMs	**A**	LG	
PH04: Primary health care: Better help for smokers to quit (primary care)	**N**	LG	Results: Total population 70.4% (decrease of 2.5% from last quarter). Māori 71.9%; Pacific 68.9%. Target is 90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months. National average is 78.4% for total population. Rank is 17th out of 20 DHBs. MoH response • Thank you for providing your report. Preliminary data is not yet available. Thanks for your frank narrative report – target performance across all DHBs is falling, but at least you are proactively looking at ways to support practices to meet the 90%. Let's hope these, or some of these, has a positive impact on your results. Keep up the good work. Dr. John McMenamin (Target Champion – Primary Care) is available via teleconference to discuss ways of improving the DHBs Target results. Please contact Leigh Sturgiss at Leigh.Sturgiss@health.govt.nz to arrange this. Southern DHB report Do you think you have met the overall target (as noted above) this quarter? If not, what issues are preventing the target from being met and sustained? What actions are being put in place to improve performance and how will these actions be monitored? • No, the target has not been met this quarter. • While it would be easy to blame the recent COVID19 emergency, all practices and PHOs are in the same situation. • Practices are facing significant uncertainty in workloads and staffing, as well as demand for testing has moved smoking cessation down the priority list. WellSouth are restarting a project to ensure sustainable achievement of the target starting in the October quarter. • WellSouth will continue to use the SLM (Service Level Measures) funding pool to incentivise practices to achieve the national health targets. As such, better help for smokers to quit will be added back to the SLM for 2020-21. • Instead of incentivising practices independently of other QI projects such as Cornerstone and Health Care Home, WellSouth are proposing to roll the incentives into the agreed Practice Development Plans (PDP) that will assist practices to systematically take on QI activities. • Practices will be allocated an amount of funding, most likely based on their enrolled populations. They can access half of this funding by producing (with assistance from the Practice Network Team) an agreed PDP. The second half of the funding

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
			will be at risk and tied to the practice's achievement of the goals set out in the PDP. The practice may have other goals in their PDP, but the national health targets will be compulsory. • Given the effectiveness of the Smoking call centre in 2017-18, WellSouth will re-establish the call centre that will offer brief advice to patients on practices' behalf. WellSouth can build on what is already known about the challenges of this approach. • WellSouth will continue to work with their partners at the Southern Stop Smoking Service, Public Health South, the Cancer Society and contracted providers to ensure training is provided to general practice teams about the most effective ways to provide brief advice to stop smoking. • WellSouth will report to the Alliance quarterly on performance against the smoking cessation target, as well as other aspects of the SLMs. Do you think you have met the target for Māori and Pacific (as noted above) this quarter? If not, what issues are preventing the target from being met and sustained? What actions are being put in place to improve performance and how will these actions be monitored? • No the target has not been met this quarter. • Actions as above, with the additional activities that include: • WellSouth's call centre has a programme of contacting Māori patients aged over 50 years and providing over the phone wellness checks that focus on their experience since the COVID19 lockdown; and ensuring that they take advantage of the proactive health care services that they are eligible for (including cervical and breast screening, CVD Risk Assessment, and smoking cessation). • The next tranche of Health Care Home practices has specifically targeted those practices with higher numbers of high needs patients. The focus on proactive care as part of the HCH model of care includes a focus on smoking cessation.
Annual Plan Status Update Reports	**Final Rating**	**Owner Initials**	**Ministry of Health Comments and DHB Responses**
Improving Wellbeing through Prevention	**P**	LG	MoH response: Thank you for your report. Smokefree - can you please advise how and when this will be mitigated. Cross Sector Collaboration - Impressive activities and collaboration during the challenging times, particularly with mental health and distribution of information.
Improving Child Wellbeing	**A**	LG	
Improving Mental Wellbeing	**P**	LG	MoH feedback: Thank you for your report System transformation- noted that action 6 is unlikely to be completed in 2020/21
Better population Health Outcomes	**P**	LG	MoH feedback:

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
supported by Primary Health Care			Thank you for your report. For Pharmacy - Thank you for your Q1 update on supporting community pharmacy to provide influenza vaccinations (to the over 65 years of age). Is Southern collecting ethnicity data to ensure pharmacy vaccinations are targeting Māori in their provision? Southern DHB response to MoH feedback: • All vaccination data is collected by the NIR. Community pharmacy has historically had some issues contributing to this data set however this is now resolved. Analysis of the data does provide ethnicity coverage however it is not possible to separate out community pharmacy events from other providers. In order to address equity the SDHB has the following actions listed below. • Southern DHB, WellSouth PHN, four Papatipu Rūnuka/Rūnunga: Kāti Huirapa Rūnaka ki Puketeraki, Karitane • Te Rūnanga Ōtakou Inc, Ōtakou, Dunedin • Waihōpai Rūnaka Inc, Invercargill and Awarua Rūnanga,Bluff along with Kaupapa Māori Health Services - Awarua Whānau Services in Southland and Te Kaika in Dunedin will partner to provide influenza vaccinations and childhood immunisations during the Covid campaign. The clinics will be held on Marae with Māori community engagement and participation and opportunities for health promotion and education to occur. Collaboration between those identified stake holders now provide a foundation to future clinics on those identified in this report, other Marae and in community settings for future influenza and whānau centred vaccinations including a new Covid vaccine. • WellSouth PHN and Southern DHB partner with General Practices to identify Māori enrolled populations eligible for the influenza vaccination. The WellSouth Call Centre will contact eligible populations on behalf of their General Practice to promote and book appointments to increase the uptake of vaccinations. WellSouth PHN Call Centre staff identify and addressed barriers to increase access. This included re-connection with Kaupapa Māori Health Providers for support and assistance with health literacy. • Southern DHB partner with Kaupapa Māori Health Providers to identify opportunities to increase workforce capacity and capability with influenza and childhood vaccinations within the Māori community. Those identified providers with clinical capacity have undertaken the Vaccinator Training Course and assessment as Independent Vaccinators with resources such as Fridges and Vaccination Chilly-Bins. Vaccination contracting with Southern DHB and increased data capacity to NIR has occurred to ensure those providers can deliver, measure and report on service delivery. • SDHB is developing a new contracting model to support NGO providers with their Vaccination programmes. This will allow funding to be made available to services that otherwise would not receive primary care immunisation funding. • SDHB continues to support other workforces to provide vaccination programmes to their populations. Community Pharmacy is a group identified who can expand their offering to include MMR.
Better population Health Outcomes supported by Strong and	**P**	PN	MoH feedback: • Ola Manuia 2020-2025: Pacific Health and Well-being Action Plan- An excellent example of using Ola Manuia to meet the needs of a small Pacific population. Actions are focused on supporting and improving Pacific health needs. DHB shows an understanding of their local community health needs.

Measure	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
Equitable Public Health			• Planned Care- Close to competing plan. • Acute demand- Thank you for your report. Please can you provide timelines for the 2 business cases that are going to the board, and the outcome if these are not successful. • Bowel Screening and colonoscopy wait times- Ministry commends the DHB for exceeding bowel screening priority population participation targets and the ongoing variety of promotion activities to support this. As per SS15 feedback, we do need to see the colonoscopy recovery plan (requested via SS15 Q4 2019-20) by 30 November 2020, including a trajectory for when the DHB anticipates meeting all maximum wait times. • Data and digital- Thanks Southern DHB response to MoH feedback: The business case for Generalism and MAU is going to the December board meeting for approval to proceed. Board approval is required for these initiatives to proceed.
Give practical effect to He Korowai Oranga – the Māori Health Strategy 20/21	**A**	GiT	
Improving sustainability	**A**	JR	

Crown Funding Agreements (CFA) Variations

Crown Funding Agreement	Final Rating	Owner Initials	Ministry of Health Comments and DHB Responses
B4 School Check Services	S	LG	
DHB Level Service Component of the National SUDI Prevention Programme	S	LG	
Primary Health Care Services	S	LG	
Health Services for Emergency Quota Refugees	S	LG	

FOR INFORMATION

Item: ELT Strategic Report December 2020

Proposed by: Lisa Gestro, Executive Director, Strategy, Primary and Community

Meeting of: Board, 2 February 2021

Recommendation

That the Board notes the content of these papers, cognisant this is the 3rd iteration of this new style of report and a reset of them has been identified as needed. Hence next month (March) it will be reviewed & adapted focussing on achieving:

- A more high-level approach ensuring alignment with the Annual Report
- Narrowed focus on Strategic change progress (rather than operational activity/BAU)

Purpose

1. To summarise progress towards achieving actions as highlighted in the Strategic Intentions section of the Annual Plan 2020/21.

Specific Implications For Consideration

2. Financial
    - Financial sustainability affected by an overrun in expenses outstripping revenue.
3. Quality and Patient Safety
    - Settling in of new Directorate structure continuing. Progression of risk management maturity underway.
4. Operational Efficiency
    - Valuing Patient Time/Safer Bundle continues to be undermined in execution. Planning to address this underway. Inpatient beds continue to have wide-ranging implications.
5. Workforce
    - None
6. Equity
    - None
7. Other
    - Not identified

Background

8. ELT produces monthly reports to summarise progress towards achieving actions as highlighted in the Strategic Intentions section of the Annual Plan 2020/21. As mentioned above, this is a new style of report and as such is being continually adjusted to ensure correct focus.

Discussion

9. The document, ELT Strategic Report December 2020 documents progress towards achieving actions highlighted in the Strategic Intentions of the 20/21 Annual Plan.

Next Steps & Actions

Southern DHB will submit ELT Strategic Reports to the Board for review at scheduled meetings and continue with the planned review & reset of these reports to ensure continued relevance.

Appendices

ELT Strategic Report December 2020

Specialist Services monthly report for Dec 2020

Lead Executive: Patrick Ng

EXECUTIVE SUMMARY

- Our key challenge for the month continues to be the inability to supply inpatient beds to complete our elective surgery. High occupancy was a key factor in December but nursing vacancies have perpetuated the issue. As a consequence the Clinical Council formally asked the CEO to respond in December and we pro-actively reduced elective surgery bookings for the latter end of December to reduce pressure on staff.

Performance area	Previous month	Current month	Commentary
Case weights surgery	→	→	Case weight surgery was circa 144 cwd ahead of plan at the end of December on YTD volumes of 9,553. However, if ongoing bed and nursing resource issues persist we will fall behind our year to date obligations.
Discharges	→	→	Elective surgical discharges have followed the same pattern as case weight discharges – we have been able to achieve less elective surgery than planned.
ED six-hour target	↓ ↑	↓ ↑	Tactical actions being taken such as Generalism + medical assessment (Dunedin) have been agreed to by the Board and will make a significant difference when implemented. Consideration of capacity options being undertaken for Southland. Comprehensive plan to meet target yet to be genuinely developed
Cancer target <31 days	↑	↑	Performance against this measure is on target. However, our performance against the 62 target is not on target. There may be data quality issues with 62 day performance and we are working through this.
FSA (ESPI 2)	→	↓	Recovery performance remains good. However, this will tail off if we don't start spending recovery funding soon to further improve performance against this target. A blip over January (less capacity due to leave) is anticipated.
Elective treatment< 4 months	→	→	Elective surgery backlogs remain challenging to progress without additional surgical delivery from outsourcing or other means. We continue to focus on patients waiting > 24 months to ensure these are booked or cleared. Cancelled surgery in December is impacting on long waits.
Medical imaging CT	↓	→	Recommendation accepted by Board for location of new CT. Additional CT sessions starting to positively impact. Need to implement 3rd CT as soon as possible now funded and location agreed to.
Medical imaging MRI	↑	↑	MRI capacity in Dunedin is a challenge. Per HAC action, we will develop an overall paper concerning medical imaging diagnostic capacity early in the New Year.
Colonoscopy 14 days	↑	↑	Remains on target.
Colonoscopy 42 days	↓	↓	Remains on target.

Current Issues	Update/Achievements	Upcoming key deliverables
Elective surgical delivery	We remain on plan year to date (just) but the continuing need for cancellation / light booking puts our ongoing attainment of the elective plan at risk.	Working group led by CMO and Chief Nurse + others seeks to improve discharging to increase bed capacity. Working group to report in January.
Financial performance	Recovery plan programme manager appointed.	Development of monthly controls and reporting framework to support GM management of performance.
ICU air handling issues (for stage 2) slow to be addressed	Timeline for completion of most complex system now clear (late February).	Overall project timeline early in the New Year once contractor confirms timeframe for remedial work.

• Planned Care Recovery

- Continuing pressure on inpatient beds required elective surgery to be cancelled or under-booked in the latter part of December as requested by the Clinical Council to the Chief Executive. This challenge appear to be caused by high demand for inpatient beds but is now being exacerbated by nursing shortages due to vacancies. Due to the manner in which the Ministry has constructed the inpatient recovery funding we have still earned nearly all of our recovery funding YTD but the reduced surgery is impacting on long waiting patients as outlined below in the ESPI 5 commentary.
- ESPI 2- We are continuing to monitor our work programme which is focused on reducing the number of ESPI 2 breaches (patients waiting more than 120 days for an outpatient appointment. We have made good initial progress recovery (down from 2.6k breaches post COVID to under 1k by December), but we will no on outpatient t receive outpatient funding until after the Y.E. so we are having to minimise expenditure in order not to run adverse to budget during the year. Our gains will now start to slow without further investment in initiatives and we will have to manage our risks carefully.
- ESPI 5 – Work is continuing with the long waiting ESPI 5's and we are now down to a handful of patients across all specialty areas who have been waiting more than 24 months, have been given certainty and have not been deferred for genuine reasons such as patient availability. However, due to having to cancel orthopaedic surgery or deliberately run incomplete lists for the reasons outlined earlier it is challenging to make progress against the long waits. Planned Care Recovery funding for year 2 will focus on outsourced elective surgery to enable us to bring external capacity to assist with reducing long waits and work towards compliance against the ESPI 5 target.

• Gastroenterology

- The Endoscopy Oversight Group continues to function well.
- We are collectively re-thinking the Referral Users Group as the second review process appears sufficiently robust to ensure that a referral that is initially declined gets nurse triage, endoscopist and surgical speciality input before a final decision to decline the referral is made.
- We have implemented a new code in IPM which now allows us to separate colonoscopy referrals from other referral types –this will enhance our ability to report on waiting lists and waiting times.
- We have developed an initial suite of Power BI reports on colonoscopy wait times and performance and these are currently being enhanced based on feedback from the Chair and from the EOG.
- The new internal electronic referral is due to roll out in early February. .

Valuing Patient Time – Acute Patient Flow report for Dec 2020

Lead Executive: Jane Wilson

EXECUTIVE SUMMARY

SAFER is a Patient Flow bundle and practical tool out of the NHS to reduce delays for patients in adult inpatient services (excluding maternity and mental health) blending five elements of best practice to achieve cumulative benefits. Components of the SAFER bundle have been implemented in a number of wards such as Red to Green and Rapid Rounds, but a systematic approach is required to embed all best practices consistently in order to make the gains in length of stay, patient flow and improvements in patient safety. By making full implementation of the SAFER bundle an 'expectation' of all inpatient adult services through service level accountability (now endorsed by the Board, ELT and Clinical Council) significant gains should be made if followed through. CCD, Rapid Rounds and stranded patient review are the priority components to be focused on over the next few months and this will require strong and visible leadership at all levels and coaching support to teams.

SAFER metrics have been identified, some existing and some new which provide reports by specialty, SMO and ward level. Once the suite of metrics are pulled together, this will form reporting at a service level through Service Level Accountability and to ELT and HAC on a regular basis from January 2021. Other performance metrics including run charts and safety metrics are already available and reported through Quality and Clinical Governance reports.

SAFER bundle service level accountability baseline assessment tool and survey has been modified and assessments have commenced. A refreshed VPT Patient Flow Action plan focusing on the SAFER bundle has been completed with an update provided to HAC in December. SAFER now embedded in Generalism Business case and approved by the Board in December.

Elements (Safer Bundle)	Previous month	Current month	Commentary
S - Senor Review	→	→	• SAFER assessment templates developed for completion at ward level as part of Service Level Accountability (SLA). To be included in SLA roll out. • Rapid Round Audit tool customised to Southern DHB completed. Audits and surveying continues. • SAFER bundle metrics developed – revised reporting to be ready from January 2021 • Dunedin Hospital Escalation plan drafted and presented to Clinical Council. To be presented to HAC December • Meeting held with IT to discuss and address functionality issues with 'Red to Green' on electronic whiteboard. System issues not resolved as yet but issues now understood. • Detailed implementation steps to be fleshed out under the Action Plan high level objectives
A - All patient have expected date of discharge (EDD & CCD)	→	→	
F - Improved flow from ED to inpatient wards	→	→	
E - Early Discharge			
R - Review (multi-disciplinary team review of stranded patients)	→ →	→ →	

Current Issues	Update/Achievements	Upcoming key deliverables
Cultural engagement	• SAFER bundle presentation to groups and services commenced • Broader engagement occurring through baseline survey interview and assessment meetings with services	• VPT Sponsors to attend key stakeholder meetings throughout Feb (e.g. Clinical Directors, CNMs etc) including setting up interprofessional leaders forums to engage on SAFER bundle • Stakeholder Analysis to be completed as an output of baseline assessments
Governance/Sponsor-ship model	• Monthly Sponsors meeting nee	• Need for more clinical engagement across all areas. To be discussed at mid-January ELT meeting
QI support	• Extension of VPT QI FTE support to June 2021 to support SAFER roll out.	• SAFER baseline assessments to be completed by QI lead with all services – underway. QI lead changing due to a resignation. • Need for more QI & IT support and enablers. To be discussed at ELT in mid-January

Older Persons Health

Frailty work progressing to enact a whole of system approach to managing individuals with frailty across our health system with the aim to reduce average ED wait time, reduce frail elderly presentations and readmission rates.

Key secondary care level priorities relative to improving care for older people are to:

- Change the model of care for frail elderly when they present or admitted to secondary care service
- Have a joined up care plan visible cross the health system and for the person & family/whanau
- Redesign the transition of care back to the community
- Reporting on progress with be through OPH directorate reporting through EDSPC

Emergency Department

- Refer EDSS reporting regarding ED performance, and work on Southland ED and Discharge Lounge concept.
- Dunedin Hospital 'FiT to Sit' development in Dunedin Hospital officially opened on Monday 16 November. Unit named the 'Emergency Department Ambulatory Care Unit' and fully operational.

Medicine

- Enhanced Generalism Dunedin Hospital Business Case including SAFER approved by the Board in December

SP&C Services monthly report for Dec 2020

Lead Executive: Lisa Gestro

EXECUTIVE SUMMARY

Positioning Public Health services for the future	Previous month	Current month	Commentary
COVID-19 Response	↑	↑	▪ A new Public Health resurgence plan has been developed and is currently being reviewed. Once finalised, it will be submitted to ELT for sign off. ▪ NCTS (National Contact Tracing System) Training: Ten groups have now completed their final training scenario for the year ▪ There have been many changes in the Maritime border space with the requirements to test all border staff at least every two weeks (to change to weekly for some staff). ▪ Covid-10 Swabbing for November - There have been 5,580 swabs undertaken including 375 at the maritime ports.
Psychosocial Response planning	↑	↑	The Central Lakes Mental Wellbeing Recovery group have developed a Terms of Reference and a workshop was planned for 3 December to confirm an action plan. The current focus includes amplifying key and relevant information for the community, plans continue with regards to funding for a Mental Wellbeing Navigator. Meetings with Central Otago District Council and Queenstown Lakes District Council are planned in December.
Immunisation	→	→	Demands on this service have been exceptionally high during COVID-19 and are expected to continue for the foreseeable future with addition of new measles campaign, general increase in vaccine demand, pressure on Immunisation Co-ordinator and National immunisation register (NIR) for advice and support.
Maternity	↑	↑	▪ An independent facilitator has been engaged to run workshops with midwives from Central Otago and Wanaka in December 2020 and January 2021. These workshops aim to agree a high-level model of care for the proposed new primary maternity facilities and to give the DHB assurance that there is a workforce committed to staffing the units. It is anticipated that we will have a view in February 2021 if this can be achieved. ▪ A business case for the associated capital spend cannot be progressed until there is confirmation of a two-unit plan. If this is not confirmed, a paper will be prepared for the March Board meeting asking for consideration of the one-unit options for progression to the Business Case stage.

Current Issues	Update/Achievements	Upcoming key deliverables
Public Health Communicable Disease Nurse Capacity	Currently we have two Communicable Disease Nurses. We are currently working to develop a plan for when additional surge capacity is required in responses.	Development of plan for surge capacity
Population Health Service – Covid-19 resurgence and preparedness for new cases	Turn on of services while maintaining capacity to respond to resurgence of Covid cases.	Plans have been developed for turn on of services while maintaining capacity to respond to resurgence of Covid cases. New ways of working have and continue to be developed using telehealth and Microsoft teams to engage with clients.
Population Health – Immunisation team demands	Development of business case	Further work underway on overarching COVID/Measles programme immunisation plan Move to use of Medtech

Strategy and Planning

- Annual Planning advice for 21/22 is expected from the MoH in December, along with timetables for the production of the Annual Plan. The Māori Health Directorate and SPC team members met with IGC in early December to commence discussions in preparation for development of the Annual Plan.
- The Medicine, Women's and Children's Directorate held a planning day on 1 December to commence service planning processes. The purpose of the day was to allow the services opportunity to present a vision for their service and to articulate where they see the plan for the service over the next 1, 3, 5 and 10 years. This was followed up by facilitated discussion in relation to priorities for the directorate.

Aged Residential Care

- The increased vulnerability and evolving risks in the aged residential care sector is currently being highlighted by an unusually high number of: ownership changes, facility manager changes, clinical manager changes and RN recruitment and retention issues. Two facilities have new owners over the past three months, with two more changing hands over the next three months. At least one facility is currently 'on the market.'
- Ten facilities have either new Facility Managers or their Facility Managers have resigned over the past three months, with nine Clinical Managers either resigned or given notice. There is no formal pathway for training for either leadership role in ARC, with new appointments often with limited experience and expertise in their new roles.
- RN recruitment and retention continues to be a significant issue, with the flow of internationally qualified nurses coming into NZ slowed considerably. The DHB continues to attract RNs from ARC for several reasons, including better salaries.
- In the integration front, at least one RN at 35 of our 65 ARC facilities now have access to Health Connect South/Health One, giving them the opportunity to see Shared Care Plans (Advance Care Plans, Personal Care Plans, Acute Plans), access lab results, radiology results, discharge letters, upcoming appointments, etc.

SP&C Services monthly report for Dec 2020

Lead Executive: Lisa Gestro

EXECUTIVE SUMMARY

Mental health and addiction system transformation

- The Steering Group, chaired by Dr Bensemann, Psychiatrist is established and has met twice. This has included a moderation meeting to review and decide upon the preferred supplier to undertake the review. The procurement process is nearing completion and the review is expected to commence early in the new year.
- Coroners Case - The Coroners hearing into the death of young man who died by suspected suicide several years ago is scheduled for early December. This case is likely to attract local and national media interest
- Southland Mental Health Unit Occupancy - Inpatient Mental Health Unit occupancy was 119 % for a number of days in November. The Inpatient team has done an amazing job of managing under challenging circumstances but it is starting to have an impact with nursing staff becoming tired, morale dipping and is unsustainable. Community teams have been assisting with staffing and increasing contacts to hold greater acuity in the community. MHAID is exploring further to understand what is driving the higher occupancy so that we can remedy it.
- Medical Director cover - The Medical Director is on unplanned leave which has impacted on the day to day leadership of the service. Clinical Directors have maintained oversight and leadership of their respective areas of responsibility. Issues of concern are escalated to the Chief Medical Officer if needed.
- Health and Disability Commission Decision - A recent decision that does not name the DHB, has found the Southern DHB in breach of the Code of Health and Disability Services Consumers' Rights (the Code) for failures in the care of a young man with mental health issues, including suicidal ideation. The DHB has apologised to the young man's family and addressed the recommendations made by the Commissioner.
- Integrated Mental Health and Addiction Primary Mental Health and Addiction System - The programme continues to be implemented by WellSouth. Presently, the following FTE are in place across 16 practices: Health improvement practitioner = 10.50 FTE ; Health coaches = 5 FTE; Support workers = 2.4 FTE
- Mental Health Crises Support for Emergency Departments - The 0.7 FTE position to provide training and support to emergency departments has been recruited and commenced in role. A procurement process is underway to secure a contractor to assist with the development of the crisis capability plan which the Ministry of Health have provided funding for.

Public Health Service

- Work is underway on engaging district councils on their Long-Term Plans for the period 2021 – 2031. To date meetings have been held with senior staff of the Dunedin City, Queenstown-Lakes, Central Otago and Gore District Councils. All Councils have been proactive in indicating how Public Health South can best input into their Long-Term Plans.
- The new legislation "Smokefree Environments and Regulated Products (Vaping) Amendment Act 2020" replacing the Smokefree Environments Act 1990, came into enforce on 11 November. This legislation will have a 15-month phase in period. Within that period the Ministry will be creating the regulations around the Act and forming a Vaping regulatory authority governance body

Rural health

- A project manager jointly funded by the Rural Trust Hospitals and SDHB will be appointed by the end of December. Discussion on project priorities is underway. Any Rural Health strategic developments will be aligned to the Southern Health Strategy. The Rural Trust Hospitals wish to participate in the refresh of the Southern Health Strategy in a meaningful way, ensuring the impact of the strategy on the rural sector is considered. They understand the issues facing their rural communities so want to champion rural equity and ensure they partner with SDHB to achieve a health service that delivers to rural and urban health service users.
- Wanaka Hub Development - The challenge with providing after-hours primary care in Wanaka has provided an opportunity to explore ways SDHB and different Non-Government Organisations (NGOs) work together. Initial meetings have been held with key stakeholders to develop the aims of the group within the context of the Southern Health Network.. This is a step towards developing a more cohesive and integrated health service in the Upper Clutha.
- St Johns Ambulance have been seeking a single contract with South Island DHBs to provide a Patient Transfer Service for a number of years. They wish to negotiate with DHBs only, not individual Rural Trust Hospitals – which is the current practice. St Johns wish to provide a core PTS service to cover specific hours, which would be staffed by paid staff. Outside of these hours PTS will rely on volunteers. Experience has shown that when there are paid positions covering daytime hours, the number of volunteers available dwindles. The cost of this proposal is much greater than the current system, but without agreement St Johns have proposed to increase their fees by between 35% and 55% to the Rural Trust Hospitals. Work is underway to establish what the cost of the proposed service will be, how it can be paid and subsequent impact.
- Rural Radiology - The project review has been completed, a final document and four options have been identified, and this has been provided to the rural Hospitals for their consideration. The outcome following discussion at the Rural CEs meeting is that all affected Rural Hospital radiology services will align to the model adopted by Central Otago Health Services limited (COHSL) and Waitaki Health Services where radiology is insourced, other than the reading and reporting elements of the service. This project has now moved into the implementation stage

Population Health Service

- Measles Campaign 15 – 30 year olds - The focus of the National Campaign is providing one Measles Mumps Rubella (MMR) vaccination to all 15-30 year old who are not fully vaccinated for measles (do not have 2 recorded doses of MMR). The campaign will run for 14 months from July 2020 to August 2021, with vaccinations delivered in three phases to immunise different groups.

Primary Health Care

- The LDT has reviewed the 20 Diabetes Standards with a view to develop a list of actions to address identified gaps through our recent assessment, including those identified by the MoH. An update of next steps will be presented to ALT at their December meeting.

Pharmaceutical Utilisation and Expenditure

- Access to pharmaceutical data, the key enabler for this initiative, remains problematic and is a risk with significant gaps in the information provided by MOH in Q2. MOH are working to identify and rectify the issue as a priority during January.
- The funding model for high-cost pharmaceuticals should be reviewed to mitigate differential impact on DHBs. A paper will be presented to the first FARC meeting in 2021

Systems for success monthly report for December 2020 *Lead Executive: Gail Thomson*

Executive Summary

A COVID 19 home page has been launched on the intranet. It provides a single point of access for staff to navigate to key documentation related to COVID 19 policies/procedures/key contacts, resurgence plans, communications and external links. This has been very well received.

Quality Improvement Activities	
Safe	Building & Property are working with IPC to improve the number of negative pressure rooms in Dunedin hospital. These rooms are critical for patients with confirmed or suspected respiratory diseases such as TB and COVID.
Effective	Clinical audit programme is a gap in the organisation being picked up by the Improvement Academy. Clinical Audit is a continuous improvement tool most clinical staff are familiar with, so it makes sense to leverage this and embed into service level accountabilities.
Patient Centred	Positive contact has been had with the HDC in regards a formal regular liaison meeting to identify complaint trends and issues early.
Equitable	Streamlining reporting and management of patient deaths in underway and encompasses culturally specific needs.
Efficient	Embedding proposal for change against timeline.
Timely	COVID readiness, plans and pathways are under constant review.

Service Updates	Previous month	Current month	Commentary
Emergency Management	↑	↑	COVID-19 resurgence plan & Health Emergency Plan prepared for sign-off by ELT.
Infection Prevention & Control (IPC)	→	→	Additional IPC nurses to support Age residential Care have joined the team. They will work closely with facilities to develop their prevention practices, capability & resilience for infectious disease events.

Current Issues	Update/Achievements	Upcoming key deliverables
Directorate change	There is still some settling in of recent changes to the directorate structure and functions. Vacant positions are being recruited into.	Team building and planning workshops scheduled with the team to align objectives to organisational priorities and needs.

Health Pathways

- The Health Pathways team has transitioned into Quality & Performance team. The strategic intent of the move is to create one multidisciplinary team that is focussed on improvement across the system. It will enable improvements to be captured and documented into Health Pathways which will promote sustainability of changes and embed evidence.

Clinical Governance

- The Clinical Council called and urgent meeting with the Chief Executive in December regarding the staffing and potential patient safety issues at both Invercargill and Dunedin hospitals. A number of immediate actions were agreed and undertaken by senior management and leaders to relieve the pressure. The situation is being closely monitored until more sustainable solutions can be deployed.

Risk Management Programme

- A combined risk report has been developed. Members of ELT are reviewing the risks assigned to them, the treatments and actions to ensure accuracy and appropriateness.
- Clinical risk aspects of the combined register are being worked through with the clinical council. Some changes needing to take place before this becomes business ready.
- The risk workshop scheduled for 25 March is coming together, facilitators identified and planning well underway.

People and data & digital monthly report for Dec 2020

Lead Executive: Mike Collins

EXECUTIVE SUMMARY

- Digital programme of work for the NDH progressing well, just need confirmation from the MOH refunding to progress. Currently reviewing structure and roles/responsibilities of the Digital team to ensure we are aligned for the uplift of work moving forward. Running scenario planning session with the Digital team re Covid 19 readiness

Digital & Tech Performance Indicators	Previous month	Current month	
My Lab (Physical space developed to assist with Change in technology and behaviours)	↑	↑	MyLab to be established site location confirmed operating model being established and design fit out, Asbuilt RFP closed and are preferred supplier. Contract being funded via NDH.
Digital programme of work			
New Dunedin Hospital (Digital)	→	↓	Programme Business case developed to 90%, require Sapere to complete last 10%. Funding on hold until MO provide letter of support to CE and Chair.
Digital Strategy Update	↑	↑	SI PIC's approval of SIPICS business case by National Capital Investment Committee, projects on track. Currently reviewing Digital team structure to ensure its able to meet the demands of BAU, Projects and NDH development
New Dunedin Hospital (Workforce)	→	→	On track Jo working on project plan and rollout re workforce planning and requirements for MOC's
South Island PICS	↑	↑	CIC approved BC, Patrick sponsor, planning meeting taken place and PM being appointed.
BAU			
Telecommunications	↑	↑	Tracking to budget and forecast
Iaas (Bureau & Outsourcing	↑	↑	Tracking to budget and forecast
E-subscriptions	↓	↓	Cost are exceeding budget currently working on resolving
Software Licensing	↑	↑	Tracking to budget and forecast
Crown Storage/mgt of records	↓	↓	Currently working with Crown to manage these costs

Current Issues	Update/Achievements	Upcoming key deliverables
Funding for Digital Work plan	Draft programme business case developed.	Further progress programme development
Resource and team structure to support Digital Roadmap	People forum formalised and establishment to support or culture work.	Develop workforce planning programme of work - underway
Regional Collaboration Review	HR proposal for change developed for consultation	Regional shared digital roadmap and resource structure to support

Digital Strategy

- Emergency Department Information System Update (due May 2021) on track
- Network and Desktop replacement pool progressing 2020.21
- HealthOne access across ARC and Māori Health Providers – Good progress
- Cyber security role appointment made as per Audit NZ request and activity underway
- E-pharmacy go live complete
- SI PIC's approval of SIPICS business case by National Capital Investment Committee
- Wireless improvements on track progressing well. On track to complete Q2 20.21
- EDIS upgrade delayed pending resource availability. Project expected to complete Q2 20.21
- Patient track draft business case complete going to Exec in Nov 2020
- FPIM dates changed go live Q4 FY20/21
- Tap to go, on track progressing well. On track to complete Q2. 20.21
- Scanning Solution to digitize records business case to Exec in Nov 2020
- MS office 365 – Complete PIC's Data sharing agreement with WellSouth finalised
- Recruitment Upgrade go Live Feb 2020
- RIS Replacement on track to complete Q2 FY20/21
- Exec review of Human Capital System Upgrade
- NDH early works team establishment progress report to SPG programme business case end of Oct and preapproval to Exec/Board ahead of SPG

People and data & digital monthly report for Dec 2021

Lead Executive: Mike Collins

EXECUTIVE SUMMARY

- Focus is on embedding the HR proposal for change, still challenges in terms of meeting BAU requests from an HR perspective due to excess demand for HR services. Workforce planning underway in some areas of the organisation.
- People forum established and will assist in strengthen our culture
- Staff Engagement survey closed and analysis being collated for the Exec to review (Jan)
- Focus on developing an HR dashboard underway
- Continual focus on AL liability continues to be monitored and reported

Roll out of digital strategy	Previous month	Current month	
Workforce & HS/W			
HR Dashboard Development	→	→	The HR dashboard being developed will provide an update on people metric. Currently being developed for FARC but will provided data for Exec and all staff
Workforce Strategy and Action Plan	→	→	Tanya to provide an update WIP
HS/W	→	→	Reporting to FARC and HS Governance group progress already.

Implementation of Workforce Strategy

Progressing Q2 & 3 actions within the strategy document (focus on the new recruitment system, workforce planning. Management of BAU tasks within HR remains constant. Draft proposal for change out for review during November.

Culture and change initiatives

People Forum established and work plan to be formalised by Exec in Feb

Current Issues	Update/Achievements	Upcoming key deliverables
Management of BAU within HR	Staff Engagement Survey closed and data being collated Jan 2021	Update to Exec re finding and recommendations
New Electronic Tools	New recruitment system progressing well launch in Feb 2021	Testing Phase Jan
Workforce Planning	Jo recruited to NDH team	Status report to come from Jo via NDH team reporting
HR Implementation of Proposal for change	Embedding new roles and responsibilities and processes	Recruitment and Implementation of recommendations (Jan/Feb)
Volume of BAU workloads and Resource to support	Benchmarking complete	Budget rounds only opportunity plus top slice from CAPEX resource appropriately to provide support

- **Green Healthcare Strategy** Q2 and Q3 actions within the strategy
  - Carbon footprint
  - Energy Supply and Efficiency
  - Waste
  - Travel
  - Procurement
  - Built Environment
  - Staff engagement and culture

- **Regional collaboration** Assisting with review of SIAPO
- Regional stock take of Digital Solution and Cost Structures - complete
- Regional workshop shared digital roadmap - complete
- Handover meetings with CDHB CDO - complete
- New role “Chair South Island CIO/CDO monthly forum) **- complete Mike now Chair**
- **Next Steps another workshop re implementation and resourcing of the roadmap**
- **Mike attendance at CE and Chairs meeting re Data and Digital (Feb)**

Māori Health monthly report for Dec 2020

Lead Executive: Gilbert Taurua

EXECUTIVE SUMMARY

Implementation of the Māori Health Action Plan	Previous month	Current month	Commentary
Engagement and obligations as a Treaty Partner	↑	↑	The signing of Relationship Agreement between Murikiku and Araiteuru Rūnaka and Southern DHB and WellSouth PHN will occur in Q3-4.
Accelerate the Spread of Kaupapa Māori Services	↑	↑	IGC have provided consensus that a portion of the $800,000 equity funding is expended with Māori Health Providers to focus on LTC – cardiac, diabetes and incentivised enrolment of Māori into General Practice.
Reducing Health Inequities	↑	↑	Refer to Long term conditions, cancer, ASH respiratory children age 0-4 years. A monthly community oral health outreach clinic for Māori will be established in conjunction with the Community Oral Health Service, with planning to commence Q2.
Shifting Cultural and Social Norms	↑	↑	The Southern DHB has a draft academic delivery subcontract proposed under the Otago Polytechnic for the purposes of the OT5164 Certificate in Bicultural Competency (Level 4). This proposal is designed to assist Southern DHB to build bicultural competency across the organisation. Education will be provided to WellSouth PHN, General Practices, Community Pharmacists and Rural Trust Hospitals across the Southern district. Work is underway to enhance the Southern DHB website using cultural imaging and the use of Te Reo Māori.
Strengthening System Settings	↑	↑	The Southern Māori DHB directorate are participating on the South Island Māori PHO Network, GPNZ National Māori PHO Network, regional alliance groups including the Cardiac Alliance, South Island Public Health Partnership Alliance and Te Herenga Hauora o Te Waipounamu (Regional Māori DHB Alliance).

Current Issues	Update/Achievements	Upcoming key deliverables
Prioritisation of equity funding	IGC has identified the following funding priority areas: • Kaupapa Maori Health Provider acceleration • Maori Clinical Nurse Specialist Positions (Child Health & Cancer) • Maori Health workforce Development	Key outcomes were decided: 1. Investment to build capacity & capability for Kaupapa Māori Health Providers 2. Explore feasibility of a cervical screening project – HPV self testing for Māori woman 20-69 years

- **Prioritisation of equity funding**
- Discussion of principles for approving funding and prioritisation
- Agreement that additional investment for Māori providers is appropriate
- Cancer and Child Health innovation see as a priority.
- Consensus that hospital based services should have opportunity to bid for funding – this will increase equity outcomes

- **Explore use of navigators across the continuum of care**
- Southern DHB Māori Health Directorate have been working with Kaupapa Māori health services to increase their knowledge on cervical screening services and promote this with eligible woman in the community. Māori health services navigators will promote the weekend cervical screening clinics and support wahine to attend.
- Respiratory admissions in children - Contract for service in placed with Awarua Whanau Service with a whānau ora navigator in place.
- .

Long Term Conditions

- Hauora Wellness Checks for Māori aged 50 years and older by are underway utilising the WellSouth Primary Health Network call centre. Māori patients have been identified GP practice by practice based on priority numbers of high risk patients. An electronic portal is being developed to capture this data collection and analysis. This data is currently being captured manually.
- At the end of Q1, 47.83% of all Māori registered under CLIC have had a CHA completed. The CLIC programme has recently been evaluated and redesigned.

Māori Health monthly report for Dec 2020

Lead Executive: Gilbert Taurua

- **ASH Respiratory - children age 0-4 years**
- The WellSouth PHN and Southern DHB Māori Health Directorate has established a new service targeting respiratory admissions for Māori children age 0-4 years in Dunedin (EOA)
- Contract for service in placed with Awarua Whanau Service with a whānau ora navigator in place Q1.
- The Harti Hauora Assessment tool has been developed by Awarua Whanau Services on an electronic platform. Assessments are undertaken with whanau admitted into hospital and/or in the home environment.
- The Harti Hauora Assessment Tool allows for referrals to local health and social services including examples such as car seats, warm homes, Awarua synergies, WellChild Tamariki Ora services, Immunisations, Oral health services and others.

- **Cancer**
- Māori are flagged in the system as a group to be seen as a priority. Continuing to develop this to enhance service collaboration and coordination with the DHB Māori Health Units once patient flagged.
- Maintaining patient follow up by the CNC with referral to Cancer Kaiarahi services to Arai Te Uru Whare Hauora or Nga Kete Matauranga Pounamu.
- Cultural competency within cancer services to be progressed. Cultural competence and workforce development as well as targeting Māori health workers is a work in progress.
- Service Plans have a strong focus on Māori health.

- **Mental Health and addictions**
- Mohi Timoko is retiring after employment of 19 years in the Mental Health Kaumatua role in Southland and working actively with Māori Mental Health Team and inpatients/community
- IGC will discuss replacement of this position - this position is funded through the mental health ring-fence. In addition, the MHAID directorate has a designated forensic 0.5FTE Kaumatua position which will be considered.
- Meeting being held with Māori suicide postvention networks on 18 November. Southern DHB has 8 postvention community groups across the district but there is little active Māori contribution and participation in these groups.
- It is proposed that we look to establish a Southern Māori postvention group which is informed by strong leaders in suicide prevention/postvention and aligned to the Southern District Suicide Prevention Action Plan 2019-2023.

- **COVID-19**
- The Māori Leadership Group have re-developed our COVID-19 Māori escalation plan based on IGC feedback. This includes an escalation plan that will be developed in consultation with our Māori health providers, Runaka and Māori community. This document will sit alongside hospital and community resurgence plans.
- Southern DHB is progressing contracts for the COVID-19 Māori Communities Outreach and Support fund. The closed RFP went out to contract DHB Māori providers who will assist Māori communities in the southern district affected by COVID-19.

- **Family/Whanau accommodation**
- Family/whanau transport and/or accommodation is not covered under the National Travel Assistance Scheme. The ability to accommodate family/whanau is critical for our patients because of our large geographic size.
- Whanau Flat 3 (Wakari Site) is under renovation and there has been considerable wait for this to be completed. The Whanau Flat 3 has been available to facilitate accommodation for whanau for several years.

Finance monthly report for 31 December 2020

Lead Executive: Julie Rickman

EXECUTIVE SUMMARY

The net deficit for the period ending 31 December 2020 was $3.6m, being $1.3m unfavourable to budget. During December 2020, Revenue was $3.7m favourable to budget, whereas Expenses were $5.2m unfavourable to budget.

The Revenue primarily from MoH funding included $1.0m for COVID-19 testing in the community, PBF Pharmaceuticals $422k, Planned Care $227k, Recovery Plan $651k and Other $426k.

The overrun in Expenses attributable to Workforce $2.1m, Clinical Supplies $1.9m and Provider payments $1.5m which reflects both hospital activity and ongoing COVID-19 related costs.

Key Projects	Previous month	Current month	Commentary
Financial sustainability	↓	↓	The delivery of initiative benefits remains a key determinant of success. The unbudgeted expenditure of Holidays Act, COVID-19, new Dunedin Hospital team and accelerated depreciation for Dunedin Hospital are disclosed separately. This enables a better understanding of the Business As Usual result compared to Business As Usual budget.
Holidays Act 2003	→	→	The Holidays Act project is currently in the 'Rectification phase.' The estimate of the liability at 30 June 2020 was revised and recognised. The unbudgeted impact on the 2021 year is $7.5m.
FPIM: Finance Procurement & Information Systems	→	↑	The FPIM is progressing with input from the NZHPL team visiting both Dunedin and Invercargill sites to be part of the communication and FitGap assessment processes.
New Dunedin Hospital Business Case	→	→	The New Dunedin Hospital has been revised for resubmission to the Ministry of Health and the Ministers. There is an ongoing focus on aligning current activity with the pathway to the New Dunedin Hospital.

Current Issues	Update/Achievements	Upcoming key deliverables
Savings plans	The delivery continues to be "at risk".	The NZHPL & Pharmac procurement activities have been delayed and the impact on target is circa $200k.
FPIM go live date	Date set at 1 June 2021	The development of training programme and presentations to key stakeholders has begun.
Holidays Act 2003	The project is gaining momentum.	The identified changes to components to correct earnings to be processed in payroll system.

Systems for Success

- Further work is being undertaken on the Procurement and Purchasing Policy for disclosures of interests, robustness of documentation and alignment to best practice.
- An ongoing focus on ensuring we capture opportunities to mitigate costs at all levels which cumulatively are significant.

Delivery of System Improvements

- The management of Workforce and Annual Leave remains critical given the impact of COVID-19 on the capacity of the workforce to take leave and the needs for the workforce to have rest and recreation. To the greatest extent possible the workforce was enabled to take leave during the Christmas and New Year period. The impact on the financial performance of the leave taken is expected to be seen in the 31 January 2021 results.

Facilities

- The annual reports from our contractors on the Specified Systems which form part of the Building Warrant of Fitness process highlighted defects that require repairs and maintenance. The extent of the work is significant and unforeseen because reporting by contractors in earlier years was not as robust. The Building Warrant of Fitness for 32 buildings require that we address the issues identified.

Reporting RAG (Red Amber Green) Guidelines		
OVERALL STATUS	GREEN	On track
	AMBER	Planned delivery at risk / concern with action underway to resolve
	RED	Significant concern with delivery / intervention required to prevent failure
FINANCE	GREEN	Tracking to budget 5% (or $100k).
	AMBER	Moderate variance to approved budget 10% (or $100-$500k)
	RED	Significant variance to approved budget 25% (or $50k+)
RESOURCES	GREEN	Adequately resourced
	AMBER	Constrained resources which will impact delivery
	RED	Resource shortfall, preventing tasks from being completed
FORECAST		Status expected to improve
		No change expected in status
		Status expected to decline

9.5

Closed Session:

RESOLUTION:

That the Board move into committee to consider the agenda items listed below.

The general subject of each matter to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under section 32, Schedule 3 of the NZ Public Health and Disability Act (NZPHDA) 2000* for the passing of this resolution are as follows.

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
Minutes of Previous Public Excluded Meeting	As set out in previous agenda.	As set out in previous agenda.
Public Excluded Advisory Committee Meetings: a) Finance, Audit & Risk Committee ▪ 27 December 2020 Minutes ▪ 28 January 2021 Verbal Report b) Iwi Governance Committee ▪ 7 December 2020 Minutes	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
CEO's Report - Public Excluded Business	To allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
Capex Requests ▪ Regional Service Provider Index	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
Contract/Lease Approvals ▪ Strategy, Primary and Community	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
Contractual Issues – Third Party Provider	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
Strategic Refresh Update	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.

*S 32(a), Schedule 3, of the NZ Public Health and Disability Act 2000, allows the Board to exclude the public if the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.

The Board may also exclude the public if disclosure of information is contrary to a specified enactment or constitute contempt of court or the House of Representatives, is to consider a recommendation from an Ombudsman, communication from the Privacy Commissioner, or to enable the Board to deliberate in private on whether any of the above grounds are established.